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Business and HIV/AIDS: Commitment and Action?




A Global Review of the Business Response to HIV/AIDS 2004-2005

World Economic Forum
Global Health Initiative
in cooperation with

HARVARD SCHOOL OF PUBLIC HEALTH

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This report was written by: David Bloom, who is Clarence James Gamble Professor of Economics and Demography at the Harvard School of Public Health; Lakshmi Reddy Bloom, who is an information systems consultant and head of Data for Decisions; David Steven, who is Managing Director of River Path Associates; and Mark Weston, who is a policy consultant with River Path Associates.

This report was edited by Kate Taylor, Director of the Global Health Initiative (GHI) of the World Economic Forum. She was assisted by Alexander Meyer auf der Heyde, who was generously seconded to the GHI by Accenture.

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For further information about the report, see the GHI's website at www.weforum.org/globalhealth/globalsurvey or contact globalhealth@weforum.org

World Economic Forum
Global Health Initiative
91-93 route de la Capite
CH-1223 Cologny/Geneva
Switzerland
Telephone: +41 (0)22 869 1212
Fax: +41 (0)22 786 2744
E-mail: globalhealth@weforum.org
www.weforum.org/globalhealth

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Peter Piot, Executive Director, Joint United Nations Programme Against HIV/AIDS (UNAIDS)

Klaus Schwab, Founder and Executive Chairman, World Economic Forum

It is easy to become overwhelmed by the statistics on HIV/AIDS. In 2004, another 5 million people became infected with HIV, bringing the total number of people with HIV to 40 million. All of these people – like 3 million others this year – will die with AIDS, a death that can only be delayed with drugs that remain available only to the very few.

There is, however, some good news. According to UNAIDS, global funding for the battle against HIV is up – reaching US$ 6.1 billion. AIDS education is reaching nearly three-times more secondary school students, and the number of people receiving voluntary counselling and testing services has doubled over the last two years. 440,000 people are on anti-retroviral (ARV) therapy.

These efforts, however, are simply not enough to contain the pandemic or to reach those in need. Less than 1% of adults aged 15 to 49 access voluntary counselling and testing. Fewer than one in 10 pregnant women are offered services to prevent HIV transmission to their children. The number of people getting ARVs is only about 10% of those who would benefit from it. Another 14,500 people are infected with HIV each and every day. Ever more children swell the numbers – over 10 million – of orphans.

So what does this report, based on the second global survey of the business response to HIV and conducted by the Global Health Initiative of the World Economic Forum, tell us about what business is doing as the communities around them are being slowly eroded? Again, there is some good news, and some discouraging news. Overall, it seems that more companies have enacted policies and are running programmes to combat HIV. Even in countries with the highest rates of HIV (greater than 20% adult prevalence), however, more than one-quarter of companies have not done so. In other words, overall, businesses are still not doing enough.

The world is expecting more and more of its corporate citizens, while heightened international competition means that investors are increasingly demanding of results. What is needed – and not only to enhance companies' actions against HIV – is for managers and investors to place a premium on long-term value creation, a fundamental underpinning of corporate social responsibility. Executives should consider activities that build the capacity and well-being of their workforces as investments for future productivity rather than current costs. Investors should increasingly ask companies in their prospective or current portfolios what they are doing about HIV. Then they should ask for more.

The numbers concerning HIV are not encouraging. It is impossible to comprehend the individual stories that they represent. Global leaders from all walks of society must do more. We hope that this year's report will move many others to greater commitment and action.

Preface

B.A. Brink, Senior Vice-President, Health, Anglo American

In the face of a worsening epidemic it seems extraordinary that business leaders are less concerned about HIV/AIDS in 2004-5 than they were in 2003-4. I fear that this decreasing concern is for all the wrong reasons – including complacency, ignorance, denial. No doubt business leaders perceive that there are more urgent and immediate business problems to deal with; it will take decades for the full global impact of AIDS to materialize. HIV/AIDS is someone else's problem – something the government or the United Nations must sort out.

HIV is a very smart virus. It attacks human weakness, both biological and behavioural. It targets the core of our human defences – the immune system. It infiltrates through the most secret route – our human sexuality and sexual behaviour. It exploits the power imbalance of human gender and exposes the weakness of relationships in our society. Unlike SARS, it is covert and insidious in its operation, taking an average of 8 to 10 years before manifesting as a disease with 100% mortality. Humans are quite complacent about small changes over a long period of time. We are much more adept at responding to crises than planning for the long term. That is why SARS failed and HIV continues to thrive.

So perhaps it is not surprising to note the disappointing global business response to HIV/AIDS. It is merely in line with the rest of the world's response over the past 20 years – too little, too late. Left unchecked, this is why HIV will succeed in becoming the greatest killer in human history. The insidious, but compounding, negative effect of HIV/AIDS on global economic growth will only be revealed to future generations. Meanwhile HIV will thrive on poverty – "… a disease that creates the conditions that favour its spread is the most dangerous disease of all." (*The New Face of AIDS;* The Economist; 25 November 2004.)

However, there are lessons that have been learned from the countries worst affected by HIV/AIDS. It is not surprising to note that firms in these countries are not only the most concerned, but are also driving the most effective responses.

Today we know the urgent importance of getting HIV prevention messages to young people and of nurturing healthy sexuality. We are shocked at the extraordinary vulnerability of young women to HIV infection and the disproportionate impact of the epidemic on them – we must respond with everything we have got to protect them.

We have learned about the profound effect of migrancy on the spread of HIV. It may be an unavoidable feature of the economic systems of many developing countries, but it can no longer be business as usual. New and innovative ways to ensure the integrity of families must be pursued.

The debate is no longer about the merits of prevention versus testing, treatment and care. We now understand that all of these are needed on a much greater scale than anything achieved to date.

We are responding to the urgent need to scale up voluntary counselling and testing (VCT) for HIV massively. VCT is the entry point for a continuum of prevention and care. Firms with successful HIV/AIDS programmes are reporting VCT uptake in excess of 75% of the workforce. We need a complete change in approach – knowing your HIV status should become as routine as knowing your blood pressure or your cholesterol level.

Access to simple and effective anti-retroviral treatment has profoundly changed the course of the AIDS epidemic. It is the most effective weapon for banishing fear and ignorance and for preventing stigma and discrimination. Today AIDS can be managed as a chronic disease. With early access to effective treatment, there will be no opportunistic infections, very little absenteeism, no loss of productivity and little need for hospital or home-based care. The economics of providing access to treatment in the workplace are self-evident.

Today we know that those firms that respond to HIV/AIDS with strong leadership at the CEO level, impact assessments based on real data, negotiated HIV/AIDS policies, up-to-date strategic HIV/AIDS responses, specific HIV/AIDS performance indicators and targets, and ongoing monitoring and evaluation also happen to show the greatest productivity, the most effective cost containment and the greatest profitability. These firms are also invariably the safest, the most environmentally responsible and the most harmonious with the communities within which they operate. In short, a good response to HIV/AIDS is synonymous with good management, good business and a good investment.

There is indeed cause for optimism – outstanding technological advances in testing and treatment; knowing what needs to be done and how to do it; improved global funding and tremendous opportunities for public private partnerships in response to HIV/AIDS. If these are the reasons for a reduced business concern about HIV/AIDS in 2004-5, coupled with a positive commitment for action, then we would indeed have cause to celebrate.

Preface

David Arkless,
Senior Vice-President,
Corporate Affairs, Manpower

It is time that global corporations heed a wake-up call on the HIV/AIDS issue. Examine the approach that the majority of companies adopt in this arena. HIV/AIDS is placed firmly in the Corporate Social Responsibility (CSR) "box", a safe and secure place for any marginally difficult corporate or social issue to be parked. And to be fair, HIV/AIDS is more than just marginally difficult. Too many companies seem to be saying to themselves and their stakeholders, "Well, there's a problem out there, and we want to be seen to be doing the 'right' thing."

About 80% of global economic output is produced by the G-8 countries. These countries are home to the world's most powerful, influential and profitable corporations. Almost without exception, the problem of HIV/AIDS is thought of as existing elsewhere, in underdeveloped and developing countries. Consequently, most corporations belonging to and in the "rich" eight exhibit a lack of concern or urgency. A distant problem is easily ignored, particularly when the critical issues for corporations are driven by the visceral reactions of capital markets and investors focused on short- and medium-term returns.

Let's, however, try to put this issue in a slightly different perspective. It is perhaps somewhat inconvenient that the countries most impacted by HIV/AIDS represent the future workforce of the world. Manpower's research into the future "world of work" predicts an absolute necessity for corporations to move sites of operations from the G-8 to a variety of global locations. The G-8 countries have not had a positive fertility rate for many years, and – short of the unlikely possibility of democratic governments imposing a 3 child requirement upon couples – the problem of a shrinking workforce will worsen over time. The answer to this problem seems clear: move the work to countries that have an ample supply of children today and workers tomorrow. Unfortunately, the most fertile countries in the world are also – by and large – relatively poorer countries. But here comes the catch, it is these countries that are most afflicted by HIV/AIDS.

Solving and alleviating the problem of HIV/AIDS is not just the responsibility of the United Nations, non-governmental organizations, or even country governments. Large corporations garner huge profits from the global production and distribution of their products. With these benefits comes a concomitant involvement in and responsibility to those countries in which companies do business. There are both moral and economic justifications for large companies to invest in the sustained development and delivery of solutions to the myriad challenges posed by HIV/AIDS. A passive corporate stance on HIV/AIDS is unacceptable and should be a passport to global marginalization by both customers and shareholders. It's time for corporations to give more back to the world from which they benefit. How better to do so than by supporting programmes with those things businesses have in abundance – things that the battle against HIV/AIDS so desperately needs: money, infrastructure, equipment and very talented people?

We require a new global alliance – with business actively participating – to galvanize greater action against this worsening pandemic. We need to get the issue of HIV/AIDS out of the CSR "box" and place it firmly in the "economic imperative" arena.

The world needs its business leaders to wake up – with not a moment to lose.

Executive Summary

This report provides an overview and summary of business perceptions and responses to HIV/AIDS. It draws in particular on the information collected by the 2004-2005 Executive Opinion Survey that forms part of the World Economic Forum's annual *Global Competitiveness Report*.

Around the world, 40 million people are infected with HIV. In 2004 alone, approximately 5 million people became infected and 3 million died of the disease. Two billion people are known to carry tuberculosis (TB), and 3 million died of the disease during the past year. HIV and TB share the characteristic of being most common in 15-49 year olds – people in their productive and reproductive primes. Malaria kills more than a million people a year, predominantly women and children. Beyond the social tolls each disease imposes on developing countries, they individually and jointly pose significant threats to many nations' economic growth.

Many firms believe HIV/AIDS, in particular, poses a threat to their business and that the threat is likely to increase in the future. Worldwide, 42% of firms report some current or future impact from the disease, and few believe they or their workforces will be immune if the epidemic hits their community. In countries where infection rates are above 10%, nearly two-thirds of firms expect future business impacts to be serious. Larger firms (those with more than fifty employees) are more concerned than smaller firms by HIV.

Business leaders report slightly less concern in 2004-2005 than they did in the 2003-2004 Executive Opinion Survey. This decline may be due to a number of factors, but if it becomes a long-term trend and the epidemic continues to worsen, it presents a considerable challenge to efforts to raise awareness among businesses and galvanize more vigorous action.

Although many executives believe HIV/AIDS will affect aspects of their business, 42% of concerned firms cannot specify which aspects, if any, are affected. Few firms, even in the hardest hit regions, have carried out quantitative HIV/AIDS risk assessments and most do not know employee infection rates. Most assumptions about the threats posed by the disease, therefore, are based on conjecture.

This lack of clarity appears to translate into low levels of activity in response to HIV. Except in the hardest hit countries, informal policies outweigh formal ones. Informal policies, moreover, are less comprehensive in scope than

Business responses vary by region

Businesses reporting concern and action about HIV/AIDS (%)

Region	Awareness	Understanding	Policy	Unmet Need
Caribbean	55	14	12	40
East Asia	21	25	6	29
East. Europe & Central Asia	19	11	2	25
Latin America	21	10	6	40
North Africa & Middle East	16	9	3	20
North America	30	10	11	10
Oceania	13	1	3	12
South & South-East Asia	37	21	9	28
Sub-Saharan Africa	72	51	15	40
Western Europe	10	5	4	11

Awareness: Executives who believe that HIV/AIDS has or will have some impact on their business
Understanding: Executives who believe that HIV/AIDS has some current and specific impact(s) on their revenues or costs
Policy: Companies that have written HIV/AIDS-specific policies
Unmet need: Executives who lacked confidence in their company's current response

formal programmes. In the hardest hit countries, formal policies are generally limited to those firms that have conducted formal risk assessments. Conversely, firms that are unaware of or that have not quantified the likely impacts of the disease tend not to develop a strategic response. It is not clear whether quantitative studies spur some firms to action, or whether firms that are already concerned and likely to act conduct studies to support their programmes. If the former is true, it may be that some firms in high-prevalence settings that have not conducted studies would respond with urgency similar to that of their better informed peers if they had greater knowledge of the risks.

Although more firms have formal HIV/AIDS policies this year than last, confidence in these policies is mixed. A (small) majority of firms (51%) is strongly confident in policies in countries with an HIV prevalence below 1%. In settings with prevalences between 1% and 19%, less than one-third of firms with policies are strongly confident. Surprisingly, in countries with prevalence above 20%, more firms (39%) report strong confidence, although the reasons for this are unclear.

Key Findings

Business leaders are slightly less concerned about HIV/AIDS than a year ago

- Globally, 30% of executives report some current impacts on their business from HIV/AIDS, and 37% expect an impact within the next five years.
- This concern is lower than in the 2003-2004 survey – 16% expect serious impacts on their business this year, compared to 21% last year. Even in sub-Saharan Africa, the epicentre of the epidemic, respondents in 15 of 17 countries report decreased concerns. The reasons for this are unclear.
- In low-income countries and countries where HIV prevalences are high, concern about the impact of HIV/AIDS on firms is greater, although here, too, respondents are less worried than a year ago. Where national prevalence rates are above 10%, almost two-thirds of respondents expect serious future effects.

Regionally, businesses in sub-Saharan Africa are most concerned, across all sectors

- 41% of African firms report serious current impacts on their business and the majority note negative effects on operating costs.
- Firms in the Caribbean are also very concerned, and they believe the disease's future impacts (29% are seriously concerned) will significantly outweigh its current effects (21%).
- There is little variation in concern about HIV/AIDS across different industrial sectors. Larger firms, however, are more concerned than smaller firms.

Business leaders believe the effects on their companies are linked to the effects on their communities

- Overall, respondents believe their firms will be slightly less impacted by the epidemic than their surrounding communities.
- In countries suffering the most serious epidemics, firms believe the effects on their communities and their business will be similarly serious.

HIV/AIDS is seen as a greater threat than malaria and tuberculosis (TB)

- HIV/AIDS is seen as a more serious threat than either malaria or TB, both to the firm and community. Even in countries where concern about malaria is greatest, HIV/AIDS is seen as the principal infectious disease threat for the future.

Business leaders rarely have a robust fact base on which to base decisions…

- Respondents find it difficult to estimate how many of their employees are HIV-positive, with two-thirds unable to provide any estimate.
- Estimates of workforce HIV prevalence, when made, are generally lower than likely infection rates in a business's surrounding community. This may be an accurate reflection of infection rates among those employed by firms covered in this survey, or may reflect business uncertainty about workforce prevalence rates.

…even about how HIV is affecting their operations

- Although they are concerned about HIV/AIDS, executives find it difficult to pinpoint which areas of their business are affected. Globally, only 1 firm in 20 reports serious impacts on costs, productivity or revenues. By contrast, in countries with the most serious epidemics, around 20% report serious impacts on operating costs.
- Only 14% of firms have conducted quantitative HIV/AIDS risk assessments. Even in countries with the most serious epidemics, less than one-third of firms have carried out such analyses.

Executive Summary

Many firms in the hardest hit countries have nevertheless begun to tackle the epidemic

- In the hardest hit countries, the proportion of firms with written policies to tackle HIV/AIDS has increased by 75% since 2003-2004, bringing to 72% the percentage of firms that have a policy, compared to 15% in countries with the least advanced epidemics.

- Globally, informal policies (reported by 12% of firms) outnumber written policies (7%). Informal policies are less comprehensive than formal policies. Even in high-prevalence settings, about one-third of firms' policies are informal.

- Prevention is the focus of HIV/AIDS programmes, particularly in poorer countries where few companies have assumed the higher costs and complexities of providing anti-retroviral therapy and home-based care.

Confidence in policies is mixed

- Only in low HIV prevalence countries are most firms (51%) strongly confident in their policies. Elsewhere – with the notable exceptions of hard-hit South Africa and Namibia – confidence is weak.

- Firms are more confident about their and their communities' ability to tackle HIV/AIDS in countries they believe to be well governed. This repeats the finding from 2003-2004 that corporate perceptions of good governance are correlated with faith in an effective national response to the disease.

"AIDS is uniquely destructive to economies, because it kills people in the prime of their lives.[…] Especially in its early stages, the epidemic tends to strike urban centres, the better educated, the elite in leadership and the most productive members of society. These deaths leach profits out of businesses and economies. […] There are already several examples of the enormous impact which corporate action can have in the fight against HIV/AIDS. They exist both in the workplace, which is one of the most effective places to educate and reach people, and in global efforts through advocacy, in-kind support, engagement with partners and direct donations."

Kofi Annan, Secretary-General of the United Nations, 1 December 2004

Introduction

HIV/AIDS continues to have devastating effects in much of the developing world. The number of people infected with HIV continues to grow, although the rate of growth is now slowing. In 2004, 3.1 million died and 4.9 million were newly infected with the virus (see figure 1). About 40 million people are now estimated to be HIV-positive. UNAIDS reports that the global response to the disease has expanded significantly in recent years but notes that, in Sub-Saharan Africa in particular, governments have so far been unable to cope with its scale or spread.[1]

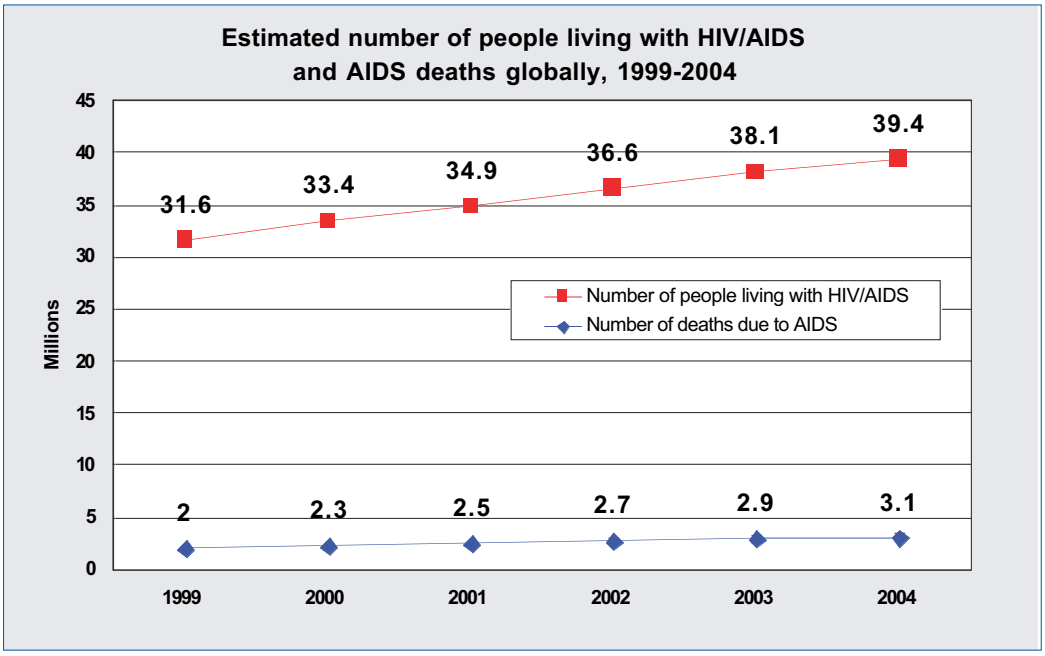
AIDS and Business: Commitment and Action? presents the findings of the second global survey of business leaders' opinions on and responses to the threat of HIV/AIDS conducted by the Global Health Initiative of the World Economic Forum. The first report, *Business and HIV/AIDS: Who Me?*, was released at the Forum's Annual Meeting in January 2004.[2] It is also based on a survey of executives from over 100 countries. This year, nearly 1,000 more firms responded to the questionnaire and, although the countries involved overlapped substantially, they were not identical.[3]

This report presents and analyses data from the Executive Opinion Survey component of the Forum's *Global Competitiveness Report*. The Executive Opinion Survey questioned nearly nine thousand business executives in 104 countries. Questions on HIV/AIDS in the 2004-2005 Survey address the perceived impact of the virus (and to a lesser extent TB and malaria) on workforces and communities, the effect of HIV on company operations and revenues, and firms' response to the disease.

This year's report does not include an exhaustive review of the economic effects of HIV/AIDS, TB and malaria, as presented in *Business and HIV/AIDS: Who Me?*, which can be accessed at www.weforum.org/globalhealth/whome

> *"…Today we operate in a world where both business and society as a whole are threatened by the scourge of HIV/AIDS. Moral imperatives demand that we see beyond purely commercial advantage to combat this disease…"*
>
> **Nicky Oppenheimer, Chairman of Investments for De Beers, 1 December 2004**

Figure 1: The HIV/AIDS pandemic continues to worsen



The Impact of HIV/AIDS

- *Many business leaders are concerned about HIV/AIDS. Even in wealthy, low-prevalence countries, a small proportion of firms expect the disease to have some effect on their business. In poorer, high-prevalence countries, its impact, already noticeable, is expected to grow over the next five years.*

- *Despite the concern, however, firms appear to be largely working in the dark. Only 34% are able to offer any estimate of their workforce prevalence rates, and there is uncertainty over which areas of a business will experience the greatest impacts from the disease.*

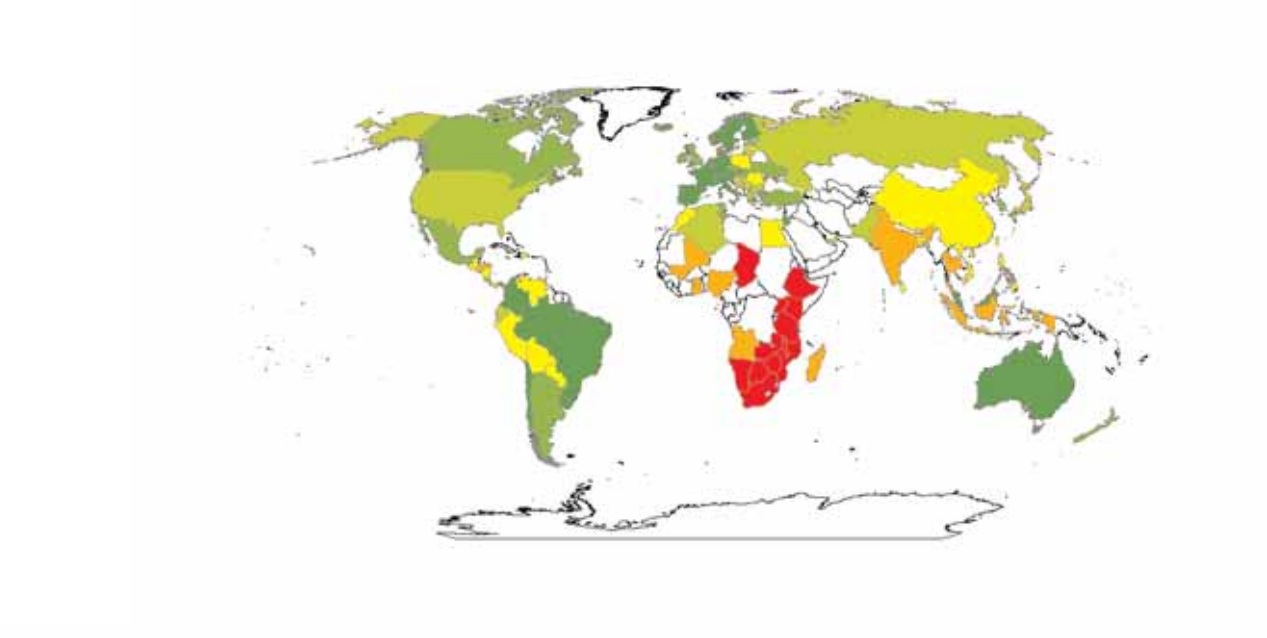
- *Businesses believe that better-run countries will respond more effectively to the disease.*

Respondents were asked to assess the current and future impacts of malaria, tuberculosis (TB) and HIV/AIDS on their business. Of the three diseases, HIV/AIDS causes the most current and future concern (see maps 1-3). Unlike the other two diseases, moreover, future concerns about HIV outweigh those about its present impacts, suggesting that many respondents see HIV/AIDS as a looming threat.

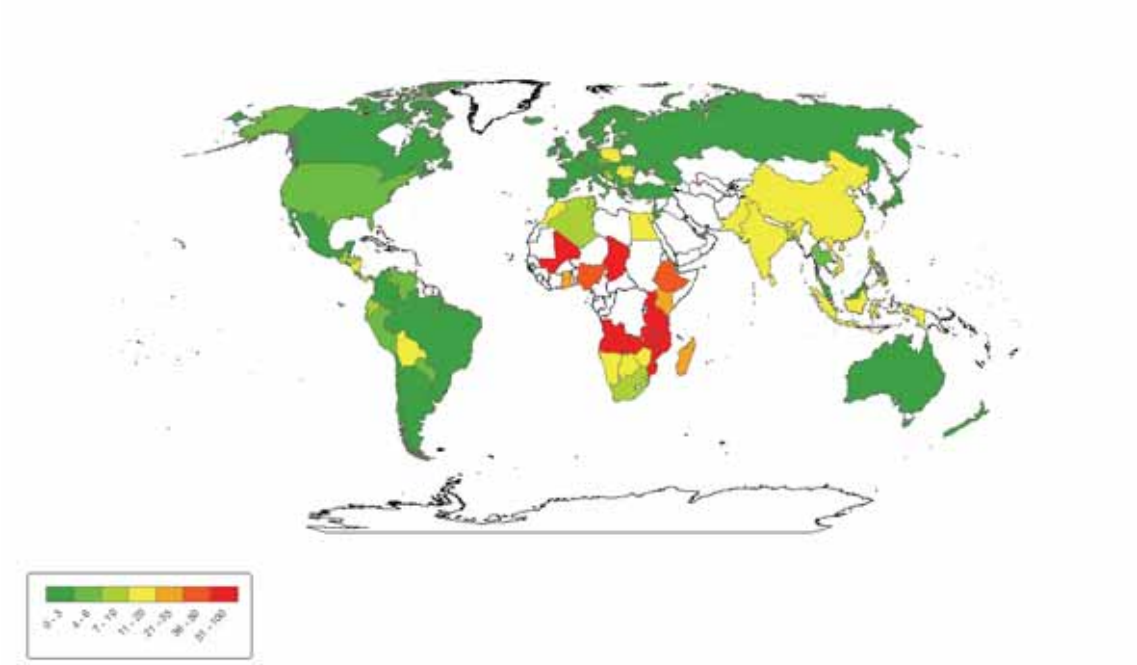
- HIV/AIDS: 30% of respondents report some current impact from HIV/AIDS (see table 6), while 37% expect future impact (table 9). 12% report serious current impacts.

- Malaria: 22% report some current impact (table 4) and 21% some future impact (table 7). 10% report serious current impact.

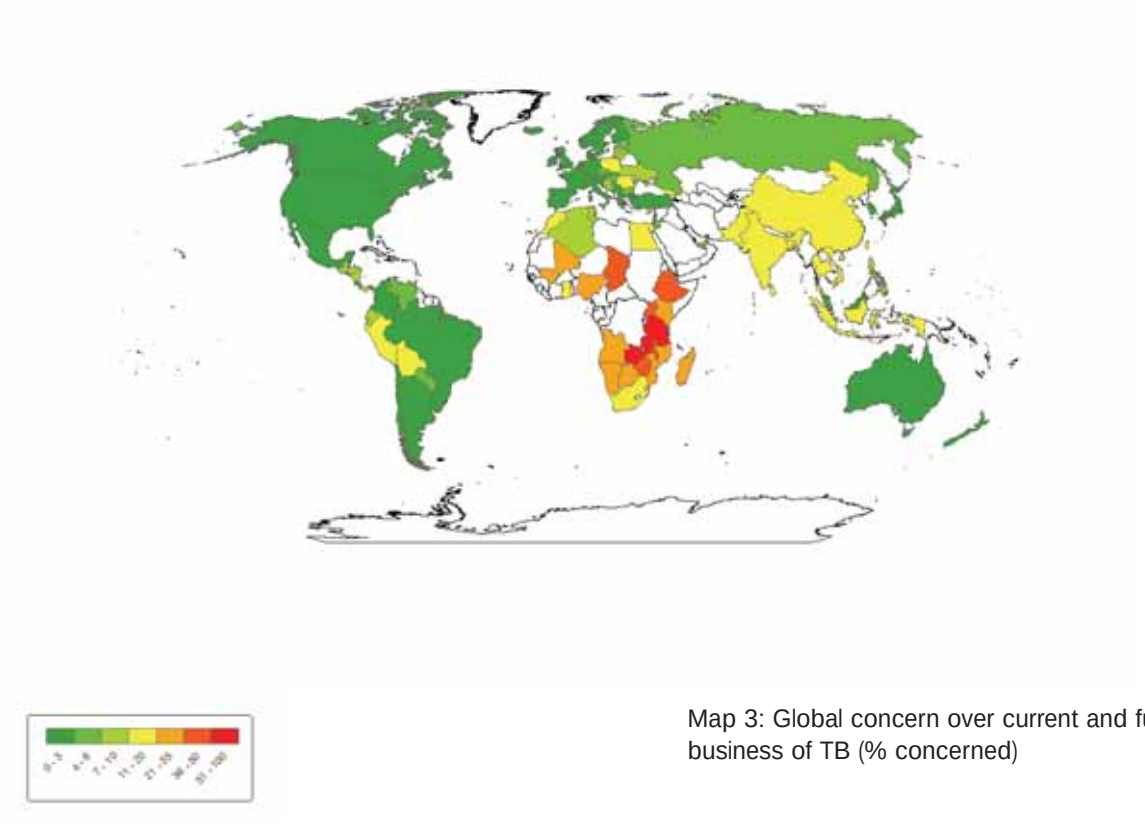
- TB: 24% report some current impact (table 5) and 25% expect some future impact (table 8). 8% report a serious current impact.



Map 1: Global concern over current and future impact on business of HIV/AIDS (% concerned)



Map 2: Global concern over current and future impact on business of malaria (% concerned)



Map 3: Global concern over current and future impact on business of TB (% concerned)

Firms in poor countries[4] and those with high HIV prevalence rates[5] are most concerned about the impact of all three diseases. 63% of firms in countries with HIV prevalence above 10% expect serious impacts from the disease in the next five years, with around one-quarter expecting serious impacts from TB and malaria. In poor countries, malaria is currently regarded as a slightly more serious threat than HIV/AIDS. However, HIV/AIDS is regarded as the main health threat for the future, even in countries where malaria is endemic (see figure 2).[6]

Impacts on communities

Respondents were asked how seriously HIV/AIDS is currently affecting the communities in which they operate (table 10). 67% believe impacts on their business are minimal, whereas only 55% think the same of impacts on their communities. It appears that some businesses believe they will be shielded from the worst effects of the epidemic – a finding borne out by several studies, which find infection rates to be higher among the poor (who are less likely to be employed) than the wealthy.[7] This becomes less true, however, as the epidemic worsens, with respondents feeling their companies and communities are equally vulnerable to the burden of *serious* impacts (see figure 3). Very few respondents (2%) believe HIV/AIDS will not be a problem for their firm and a serious problem for their communities.

Impacts on workforce

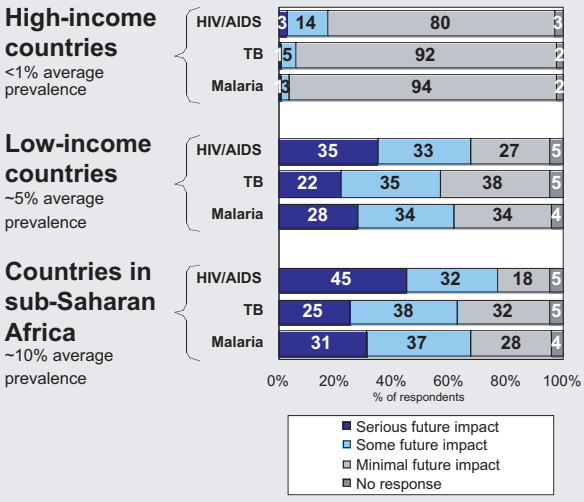
Respondents find it very difficult to estimate how many of their employees are HIV-positive (table 11). Two-thirds say they do not know or provide no response to this survey question (see figure 4). Firms from high income countries and countries with serious existing epidemics are more likely to be able provide an estimate of workforce infection rates.

Despite having little hard data, 45% of firms believe their workforce rates are lower than national prevalence rates, with many respondents answering this question despite being unable to provide an estimate of workforce prevalence (see table 11). A comparison between UNAIDS estimates of HIV prevalence and company-specific estimates of workforce prevalence provided in the survey also suggests firms believe employee infection rates are lower than those in the country as a whole. Only 15% of firms in countries with national prevalence above 20%, for example, estimate firm-level infection rates at 20% or above.

Impacts on operating costs

A large majority of firms indicate that HIV/AIDS is not currently having a significant impact on operating costs. Respondents were asked about the virus's current effect on five aspects of company operations: death, disability

Figure 2: HIV/AIDS most concerns companies



- Concern about HIV is greatest in the poorest and most heavily affected countries.
- Nearly half of respondents in sub-Saharan Africa expect serious future business impact from HIV/AIDS.

and funeral expenses; medical expenses; productivity and absenteeism; recruitment and training expenses; and revenues (tables 16-20). As figure 5 shows, only around 1 in 20 of all firms reports a serious impact in each of the categories. Around 15-25% report a serious impact in these categories in countries with the most serious epidemics. Firms appear to be unable to distinguish between the impacts on different aspects of their operations, suggesting their information base in this area is limited.

Firms that state that HIV/AIDS is having a serious impact on their business are slightly more likely to report current impacts on operations. 29% of these respondents report serious effects on productivity and absenteeism; 25% on death, disability and funeral expenses; 25% on medical expenses; 21% on revenues; and 20% on recruitment and training costs. What is striking is the high number estimating minimal effects in each category. 30% of those who are seriously concerned about HIV cannot specify which aspect of their business the virus is affecting, suggesting that many of those businesses that regard HIV/AIDS as a serious problem are unsure as to exactly how that problem will manifest itself.

Figure 3: The fates of companies and their communities are seen as tightly linked

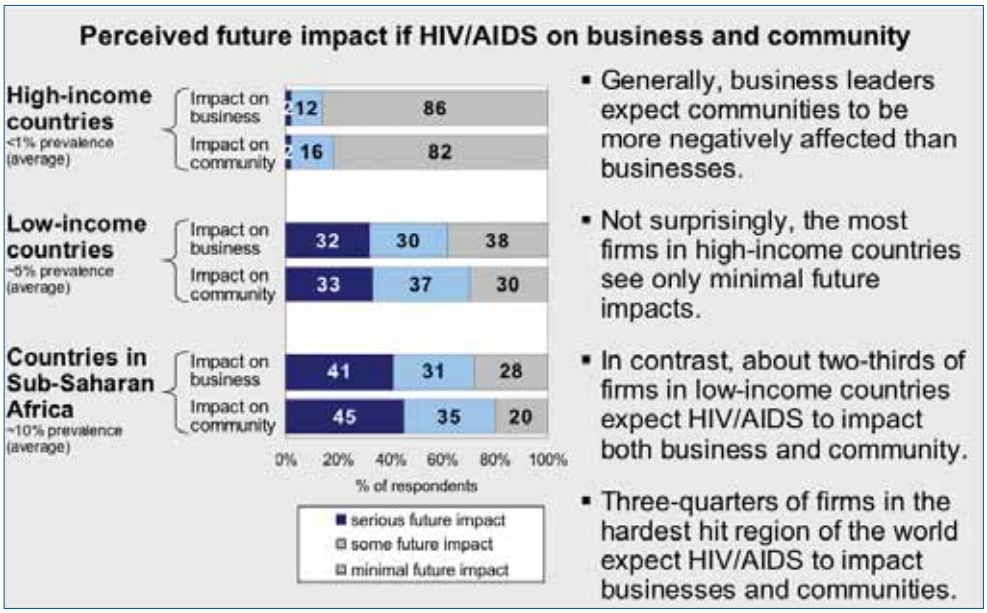
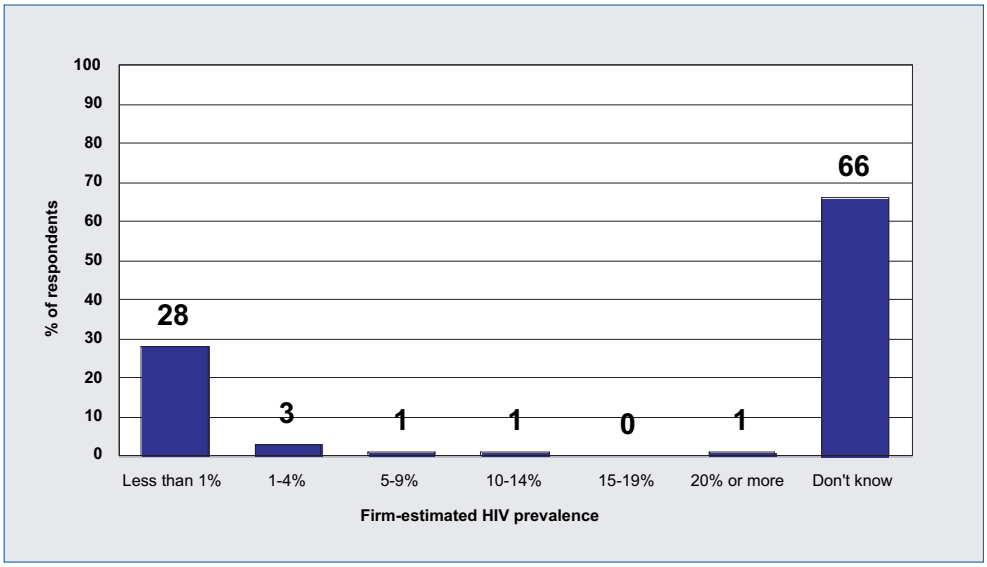


Figure 4: The majority of firms does not know the HIV prevalence within their organization



Thus, few firms can estimate the impact of HIV based on their existing business information systems. At the same time, only 14% of firms worldwide have conducted specific quantitative HIV/AIDS risk assessments (table 12). Even in countries with the highest prevalence rates, only 30% of firms have conducted assessments. This reinforces a picture of widespread business ignorance about the impact of the epidemic on their operations. Despite general concern about HIV, even the most affected businesses continue to base their opinions on a limited – and possibly insufficient – information base.

The policy environment affects business concerns

One of the strengths of the Executive Opinion Survey is the broad range of topics it covers, which allows comparison of responses to HIV/AIDS questions with attitudes and opinions on other "business" subjects. In particular, the relationship between perceptions on governance and concern over HIV/AIDS may be examined.

The 2003-2004 analysis showed that businesses considering their societies to be generally well governed were less concerned by the threat posed by HIV/AIDS. Government transparency and honesty, effective institutions, a free media and a focus on poverty reduction were all thought to help protect firms and communities.

This year, too, confidence in effective institutions and social equity tend to reduce concern over the impacts of HIV/AIDS. After accounting for income, region, HIV prevalence, type of industry and firm size, the following factors are most influential on perceptions of HIV's impact on firms and communities:

- A business-friendly environment. Effective protection of intellectual property, strong general infrastructure and good public schools all strengthen confidence about the impact of HIV/AIDS.
- Fair employment and reward structures. Where pay is related to productivity and equal for both men and women, and where hiring and firing practices are seen to be fair, respondents report reduced concern over the impacts of the virus on their business and their communities.[8]
- Positive perceptions of an economy's prospects over the next year. Economic confidence reduces concern about the impact on firms, but not about impact on communities.

Other factors, those related to a government's broader policy and performance, are seen as important for community resilience towards HIV, but not for firms (see

Figure 5: Companies are reporting negative effects from HIV

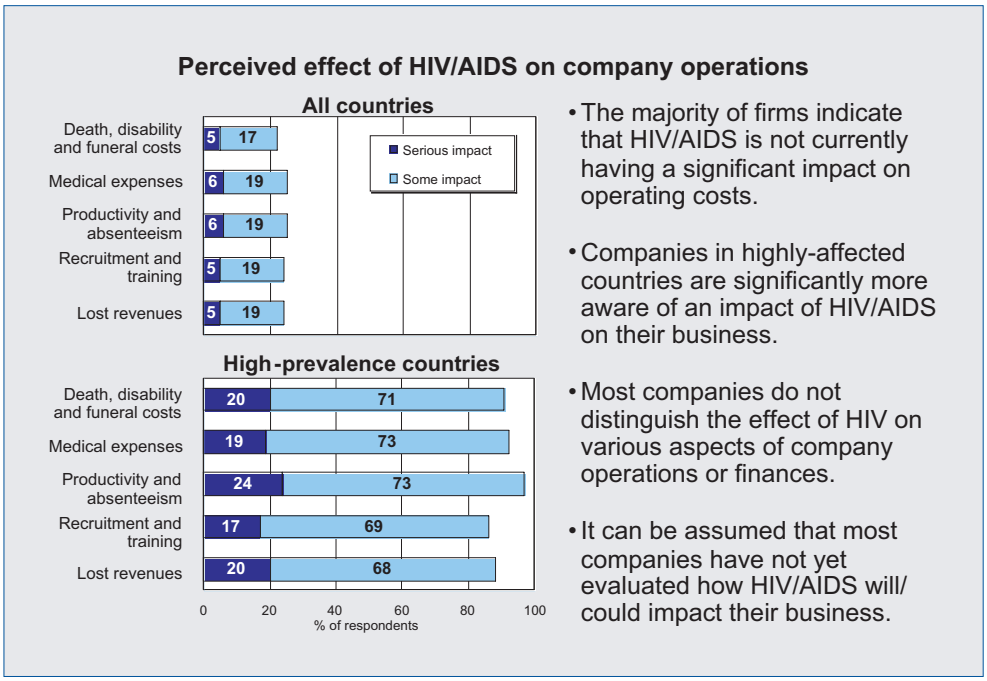
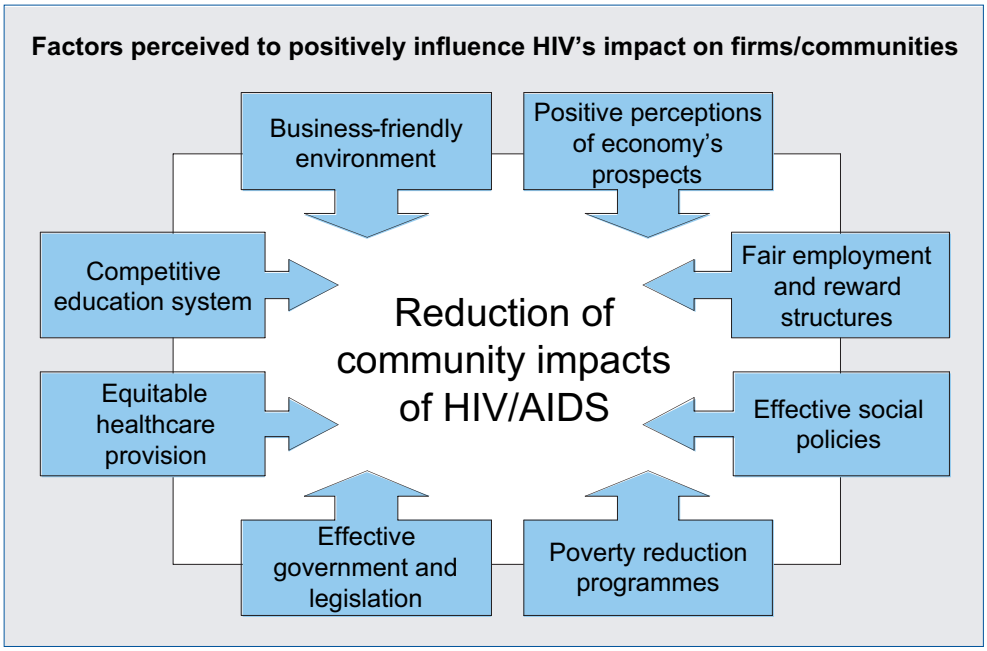


figure 6). The effectiveness of the legislative body, trust in politicians, increased public spending, equitable healthcare provision and other social policies, an education system that meets competitive needs, and a government that focuses on poverty reduction are all thought by firms to reduce the community impacts of HIV/AIDS.

In sum, it appears that a broad-based effort to combat HIV/AIDS would be viewed favourably by business. HIV/AIDS is seen not just as a challenge for the health sector, but one that raises more fundamental questions about the "fitness" of a society and its ability to protect itself from harm.

Figure 6: National governance influences business confidence about the local HIV response



- *Globally, most firms (71%) do not have policies to tackle HIV/AIDS.*
- *Only in countries with an HIV prevalence above 20% do the majority of firms have policies. These policies tend to be more comprehensive than those of firms in lower prevalence settings.*
- *Except in the hardest hit countries, informal policies are more common than written policies. Informal policies do not cover as many prevention and treatment aspects as formal policies.*
- *Firms that have conducted quantitative HIV/AIDS risk assessments are much more likely to have policies. This implies either that concerned firms obtain the facts and act on them, or that studies spur previously unconcerned firms to action. The data, however, do not allow us to determine causality.*
- *Prevention, rather than more complex and costly treatment and care programmes, is the main focus of programmes.*
- *Confidence in policies is mixed, although firms in high-prevalence settings are more confident than the average, possibly because more of them have policies.*

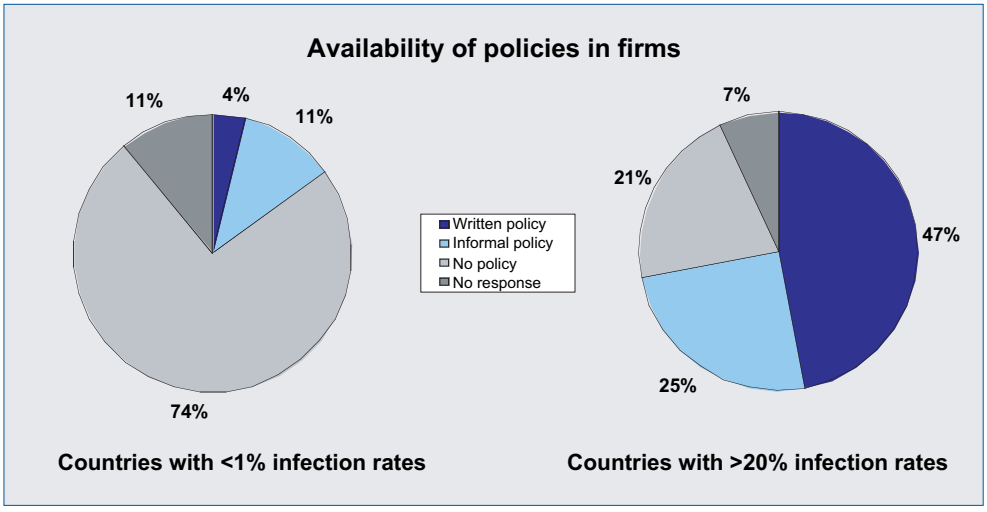
Respondents were asked to describe the state of their company's HIV/AIDS policy. Over two-thirds of firms have no policy, and informal policies outnumber formal ones (table 14). Not surprisingly, the more concerned firms are, the more likely they are to have policies.

National HIV prevalence is a strong determinant of whether a firm is likely to have a policy (see figure 7). In countries with over 20% infection rates, 72% of firms have some kind of policy, compared to 15% in countries where prevalence is below 1%. These policies are more likely to be formal than informal, as it appears that only when an epidemic is rampant do many firms draw up written plans to tackle the disease. Firms in low-income countries, too, are more likely to have either a written or informal HIV/AIDS policy than those in wealthier settings.

Formal risk assessments are important

Firms that have carried out quantitative HIV/AIDS risk assessments are more likely to have policies to tackle the virus. Globally, 16% of these firms have written policies

Figure 7: Worsening epidemics drive formal development of HIV policies



and 24% informal policies. We do not know whether the study or the policy came first, so it is difficult to be certain about causality. However, even in the event that studies were carried out after policies were developed, the fact that firms continued with their policies after conducting studies suggests the results indicated a need to continue acting. Of firms that have not carried out a study, 5% have written policies and 11% informal policies.

In the high-prevalence regions where conducting a study is more likely to show an impact on operations, however, firms with studies are over twice as likely to have written policies as those that have not assessed the threat.[9] Although causality cannot be inferred, there is a possibility, therefore, that at least some firms in such settings, once they realize the impact of HIV/AIDS on their operations, respond by drawing up a strategy to counter it. Those firms that do not investigate impacts, meanwhile, produce a more limited response.

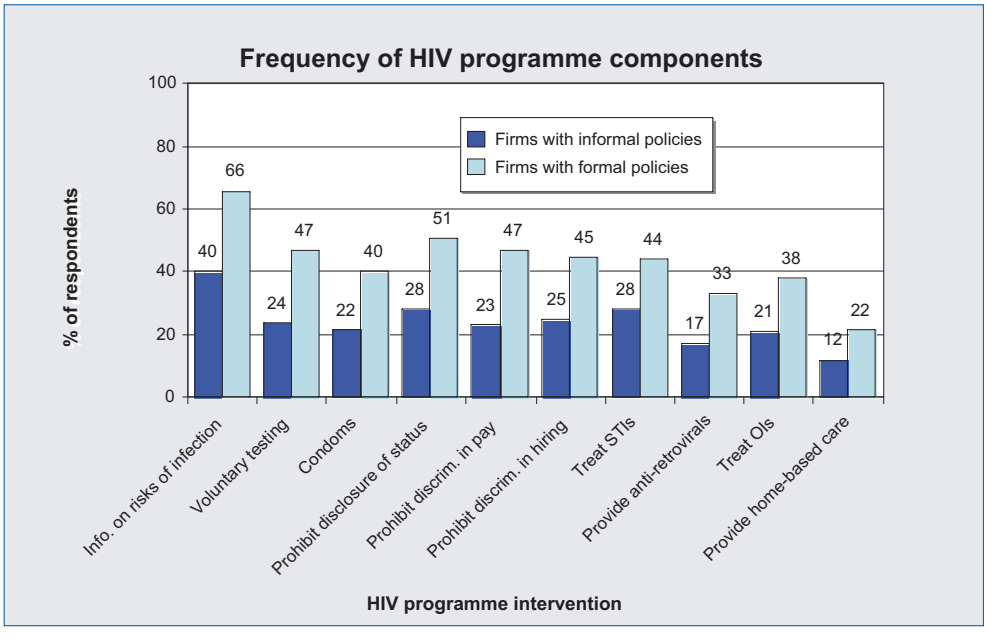
Firms with written HIV policies (%)

	Of firms with quantitative assessments	Of firms without quantitative assessments
Overall	16	5
HIV prevalence > 20%	79	37

The survey also explores the elements of a firm's HIV/AIDS policy (we look here at the 19% of firms that report having an informal or written HIV/AIDS policy):

- Prevention programmes focus on providing information about the risks of infection. 49% of firms with HIV policies offer this information, while 32% provide voluntary HIV testing and 28% provide condoms.
- A small proportion of firms include these measures in their programmes but report not implementing them (13% for information provision, 12% for voluntary testing and 8% for condom provision).
- Employees are the main target of prevention programmes, with 39% of programmes targeting workers, 16% workers' families, 12% the surrounding community, 9% high-risk community groups such as sex workers, and 10% suppliers, contractors or customers.
- The comprehensiveness of policies tends to increase with the HIV prevalence of the country in which the firm operates.
- Firms that have written HIV/AIDS policies are more likely to incorporate each of the prevention and treatment elements than firms with informal policies (see figure 8). This suggests that formal policies are more rigorous than informal policies.

Figure 8: Formalizing policies increases the quality of programmes



Programmes tend to focus on prevention

Firms in high-prevalence countries are more likely to have prevention programmes that incorporate information, condom provision and voluntary testing. 82% of firms in countries with over 20% prevalence provide information about infection, 69% provide condoms and 57% voluntary testing.

Programmes focus less on treatment than prevention. 34% of respondent firms with HIV policies provide treatment for sexually transmitted infections (STIs) and 27% for opportunistic infections (OIs); 23% provide anti-retroviral drugs (ARVs); and 16% provide home-based care for ill-health retirees. The "no response" rate is higher, around 23%, for treatment than for prevention elements (around 12%), probably suggesting that some HIV programmes include no treatment aspects.

Unsurprisingly, while prevention programmes are more comprehensive in low-income countries, for some aspects of treatment, this is reversed, even though high-income country firms have many fewer AIDS cases to treat. The costs of ARVs and home-based care appears to have an impact on what treatment and care firms are willing or able to offer:

- 30% of firms in high-income countries provide ARVs, for example, compared to 17% of those in low-income settings.
- 23% of high-income country firms provide home-based care for those who have had to retire from work due to ill health. In low-income countries, only 11% offer such care.
- For treatment of STIs and OIs, the gap is much narrower, possibly because the latter are less expensive and more likely to be included in insurance schemes than are ARVs and home-based care.

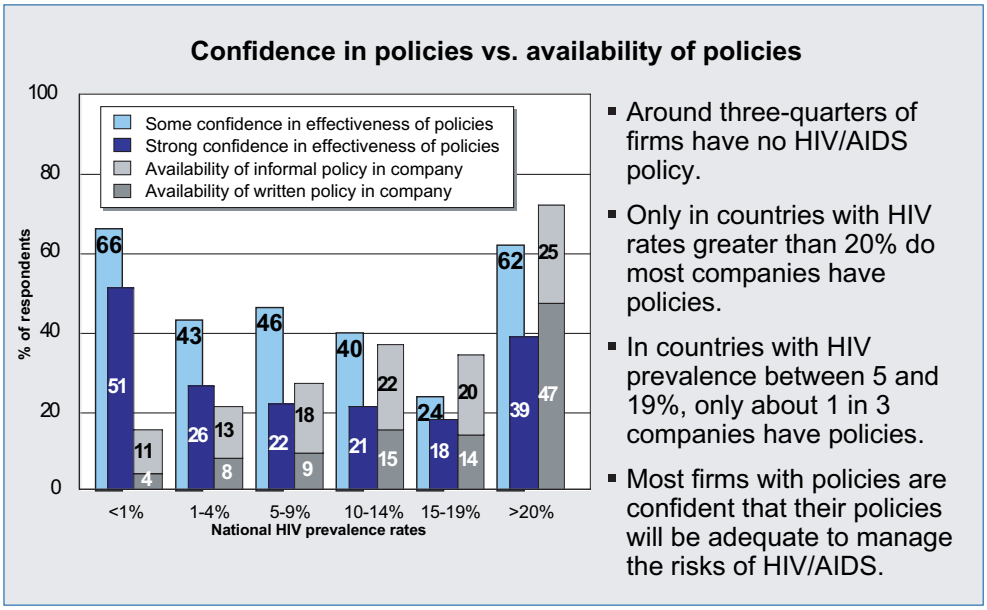
As with prevention activities, however, treatment provision increases as the epidemic worsens. In countries with the highest prevalence rates, 58% of firms with policies provide STI treatment, 50% OI treatment, 42% ARVs and 18% home-based care.

Few believe programmes will be sufficient

Respondents were then asked if their companies' policies were sufficient to manage the impact of HIV/AIDS in the next five years (table 15). In general, firms with policies are confident in their ability to manage the impact of HIV on the business, although a significant minority remain worried despite having enacted programmes:

- Globally, 41% of firms with policies or programmes are strongly confident that they are sufficient to cope with HIV/AIDS, while 13% strongly lack confidence.
- Firms in high-income countries are the most confident, with 67% of those with policies strongly confident compared to 24% in low-income countries.
- When looked at by national HIV prevalence, confidence declines as prevalence rates rise but then increases again above the 20% prevalence threshold (see figure 9). This apparent anomaly is driven by firms in South Africa, where 61% of firms with policies are strongly confident in them.

Figure 9: Few firms have policies, but most of those that do are confident in them



Stigma reduces programme effectiveness

One obstacle to a policy's effectiveness lies in the stigma and discrimination surrounding HIV/AIDS. When asked about these factors, 40% of firms with policies reported that stigma has a negative effect on their implementation. 50% reported no effect. Stigma and discrimination cause more problems in low-income countries, where 57% of respondents report a negative effect (compared to 21% in high-income settings). In high-prevalence countries, too, taboos around AIDS can obstruct programmes – over 60% of firms with policies in countries with over 5% infection rates report some negative impacts from stigma. In low-prevalence environments, only 27% report impacts. Firms' own policies are rarely designed to combat stigma and discrimination. Only 13% of firms prohibit disclosure of workers' HIV status, and only 11% prohibit discrimination in promotion, pay, benefits or hiring based on HIV status. Of firms that have HIV/AIDS policies, around one in three has such prohibitions. These rules are more common in countries with very high HIV prevalence.

"The contribution of business in the fight against AIDS goes far beyond the individual workplace. Business can have a wider-ranging impact as advocates for change, by speaking up about the HIV/AIDS epidemic and what can be done to stop it. Silence and stigma drive the virus underground and fuel its spread."

Kofi Annan, Secretary-General of the United Nations, 1 December 2004

Part 3: Regional Overview

This section assesses reactions and responses to HIV/AIDS at a regional level (see figure 10).[10]

- *Sub-Saharan African firms are the most concerned about the current and future impacts of HIV/AIDS. Caribbean firms are also worried, with firms elsewhere much less concerned.*
- *Sub-Saharan African firms report greater impacts on operating costs than firms elsewhere, especially on productivity and absenteeism.*
- *North American and sub-Saharan African firms tend to have the most comprehensive policies (see figure 11).*
- *Relative to their concern over the disease, however, sub-Saharan African firms are the least likely to have HIV/AIDS policies. Concern also significantly outweighs action in Eastern Europe and Central Asia and the Caribbean.*
- *With the exception of South and South-East Asia, firms in wealthier regions are more likely to be confident in their HIV/AIDS policies than those in poorer areas. Firms in South and South-East Asia are more confident than other developing regions, with African firms the least confident in their response.*

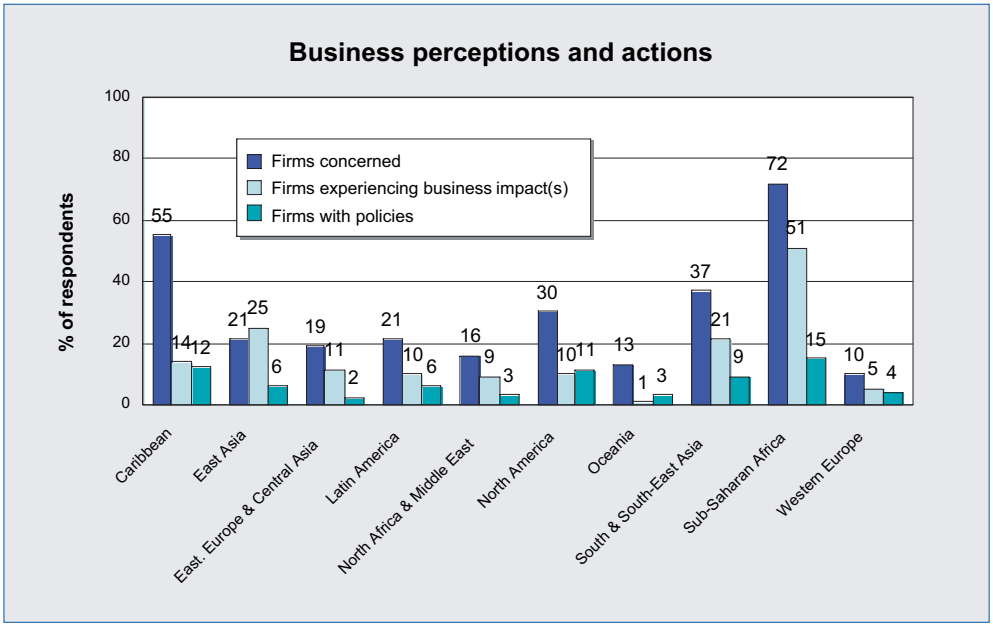
Sub-Saharan Africa

Sub-Saharan African firms are by far the most worried in the world about the impact of HIV/AIDS (see figure 10).[12] With the epidemic stabilizing in parts of the continent, however, the difference between current concerns and future fears is smaller than in regions such as the Caribbean, East Asia and Latin America, where the epidemic is less mature. African firms are also most worried about malaria and TB, but AIDS is establishing itself as the continent's leading future health threat in the eyes of respondents.

Only 14% of African firms have conducted quantitative studies of infection rates among their employees – the same proportion as in the survey as a whole. 69% do not know workforce HIV prevalence rates. As in other regions, respondents estimate lower prevalence rates in their firm than would be expected from UNAIDS estimates, and 45% state that rates are higher in the community than in their workforce.

Sub-Saharan African firms report greater impacts on operations than firms elsewhere. 17% of African firms report serious negative effects from death, disability and funeral expenses, for example, compared to a survey average of 5% (see figure 12). 38% report minimal

Figure 10: Concerns about and responses to HIV are not often commensurate



impacts (survey average, 71%). The difference between Africa and other areas is most pronounced with regard to the impact of HIV/AIDS on productivity and absenteeism. It may be that this aspect of operations is hit first and/or hardest by HIV/AIDS.

15% of African firms have written HIV/AIDS policies and 19% informal policies, which is greater than the global average. Of the African firms that have conducted quantitative HIV/AIDS risk assessments, 37% have written policies.

Programmes tend to focus on prevention, with 61% providing information on infection risks and 52% providing condoms. Care programmes are largely limited to treatment of sexually transmitted infections (provided by 40% of firms with programmes) and opportunistic infections (32%). Anti-retroviral drug provision (24%) and home-based care (11%) are more limited. Firms are generally less confident about their policies than elsewhere. They are also more likely to report stigma, with 48% reporting some negative impacts of stigma on HIV/AIDS programmes – double the survey average.

Sub-Saharan Africa is the only region that can be compared directly to last year's survey, due to differences in methodology.[13] As in other regions, firms appear to be less worried about HIV/AIDS than they were a year ago,

Figure 11[12]: North American and sub-Saharan African firms tend to have the most comprehensive policies

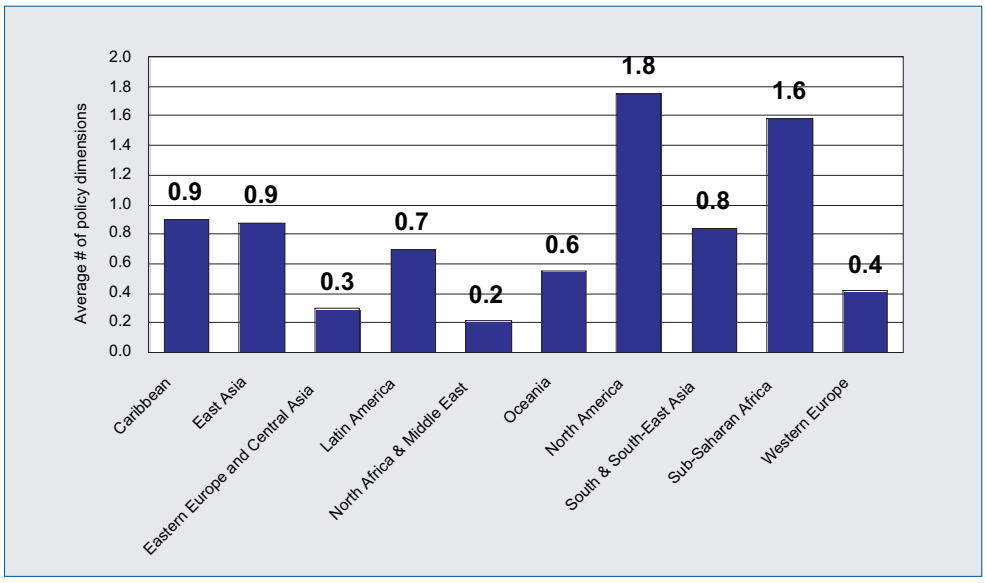
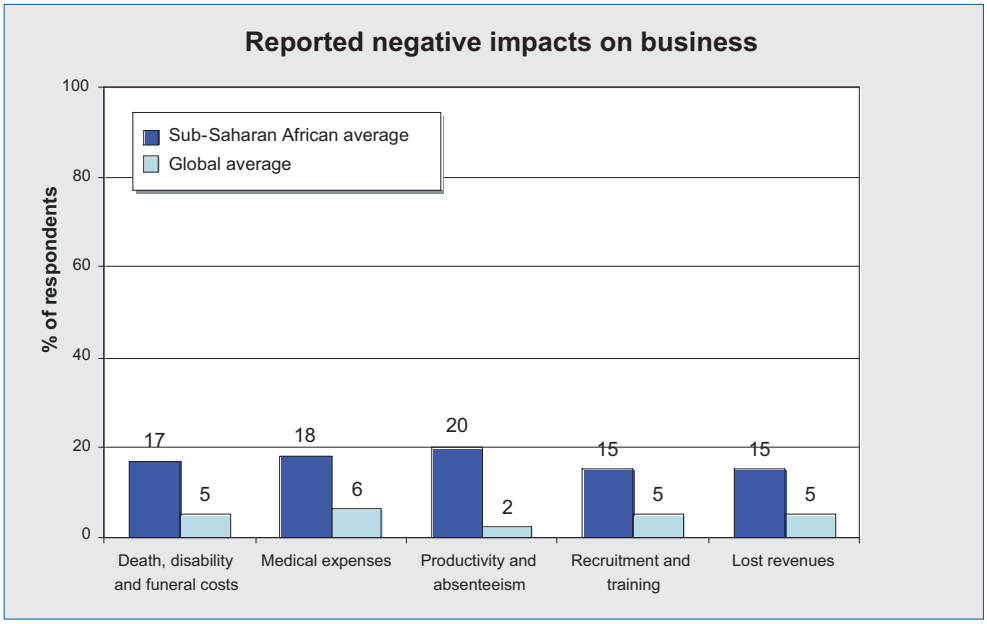


Figure 12: Sub-Saharan African businesses demonstrate the potential threats facing other regions



with only two of the 17 African countries surveyed in both years (Botswana and Tanzania) reporting increased concerns. This decline in concern comes despite a perceived increase in estimates of workforce prevalence.

Part of the decline in concern over HIV/AIDS may be due to an improved response to the disease. More African firms have written policies than last year, while there is a slight increase in provision of treatment and care.

The Caribbean

Only in Africa are firms more concerned than those in the Caribbean about the threat of HIV/AIDS. Over half of Caribbean firms (55%) report some current impacts of the virus on their business.[14] 21% report serious current impacts. Both figures are much higher than the survey average, and their concerns for the next five years, when 67% expect some impacts and 29% serious impacts, are greater still. As in Africa and other areas, communities are currently perceived as having higher prevalence rates than workforces.

Impacts on company operations are also thought to be low. Perceived effects on costs and productivity are lower than the survey average, although revenues, which 20% believe are seeing some negative effects, are more seriously affected.

Relative to the prevalence rate in their countries (although not relative to their level of concern), Caribbean firms are responding more proactively than those in most regions to the threat of HIV/AIDS. 29% of firms in the area have some form of policy in place, compared to 19% of the overall sample. Confidence in the policies, however, is low. Only 33% of Caribbean firms with policies are strongly confident in them – a lower proportion than anywhere bar sub-Saharan Africa.

The content of HIV/AIDS policies in the Caribbean differs somewhat from those elsewhere. Only 6% of Caribbean policies, for example, provide condoms. They are also more focused on combating stigma and discrimination than policies in other regions. 20% of Caribbean firms prohibit disclosure of HIV status – only North America has more firms that do this. The effect of discrimination on programme effectiveness is perceived as correspondingly slightly lower than in most other developing regions.

East Asia

East Asian firms are conscious of an increasing, albeit low-level, impact on their business from HIV/AIDS. 21% of East Asian firms report some current impacts from HIV/AIDS on their business, with 6% reporting serious effects.[15] Importantly, and in keeping with international concerns about the expansion of the epidemic in Asia, impacts are expected to grow in the next five years, with 31% expecting some negative effects in this period.

59% of East Asian firms do not know HIV prevalence rates among their workers. Of those that provide an estimate, nearly all (97%) believe rates are below 1%. These estimates, which correspond with UNAIDS national prevalence estimates for the region, are more likely than those in other areas to be correct, as 31% of East Asian firms have conducted quantitative risk assessment studies (compared to 14% in the overall survey).

A high proportion of East Asian firms believe HIV prevalence is higher in the external community than among their staff. 71% are of this opinion (compared to 45% in the overall sample). The effect on East Asian communities is not thought to be severe, however. 28% of respondents report some current impacts (compared to 38% in the overall survey).

East Asian firms are more concerned about the effect of HIV/AIDS on other aspects of operations than on their workforces. Around 25% report some current impacts on costs, productivity and revenues, compared to an overall sample average of around 20%. This may be because East Asian economies rely heavily on imports and exports and therefore have more dealings than most with harder hit neighbouring regions – the data provide no further clues, however.

The proportion of East Asian firms that have responded to the disease with specific written policies is similar to that in the overall sample, at 6%. Their content is tilted towards prevention rather than treatment activities (not surprisingly, given that the region is in the early stages of the epidemic). Although 43% of respondents report confidence in their policies, firms in other high-income regions such as North America, Oceania and Western Europe have much more faith in their programmes than those in East Asia.

Eastern Europe and Central Asia

Firms in Eastern Europe and Central Asia are among the least concerned about the current and future impacts of HIV/AIDS on their business.[16] 19% of firms in the region report some current impacts, compared to 30% in the overall survey, with 29% expecting future impacts (37% overall). HIV/AIDS is not yet having much impact on other aspects of company operations either. Only around 10% of respondents report negative effects on costs, productivity and revenues, with only around 1 firm in 50 reporting serious impacts.

Knowledge of workforce infection rates is lower in this region than elsewhere. 73% of firms do not know employee prevalence. Communities are thought to be harder hit by the virus than businesses. 28% of firms report some current impact on people in their locality.

The response to AIDS in Eastern Europe and Central Asia reflects the relative lack of concern. Only 9% of firms have an HIV/AIDS policy, with only 2% having specific written programmes. Only in North Africa and the Middle East do fewer firms have policies. Confidence in the response, however, is similar to the average.

Latin America

Although currently less concerned than many other regions, business leaders in Latin America perceive a growing threat from HIV/AIDS.[17] 21% report some current impact on their business (compared to 30% of the overall sample). Impacts are expected to increase in the next five years, however, with 35% expressing concern over the near term.

Business operations have not been seriously affected by AIDS. Over three-quarters of firms report minimal impacts on costs, productivity and revenues. Few firms know workforce prevalence rates, with 91% of those that do provide an estimate believing they are below 1%.

The response of Latin American firms to the disease is similar to the overall average. 75% have no policy, with those that have responded to the threat mainly doing so via informal means. The content of programmes is also similar to the overall survey, with the exception that condom provision is lower in Latin America (where 15% of firms offer condoms, compared to 28% overall).

Interestingly, confidence in firms' response to HIV/AIDS is weaker than in most other regions. Only 48% of firms with policies are confident they will be able to cope with AIDS over the next five years. This may be at least in part due to the perception that the threat of HIV/AIDS is growing fast. Current policies may not be robust enough to cope with what is felt to be an emerging epidemic.

North Africa and the Middle East

Only firms in Oceania and Western Europe are less concerned than Middle Eastern and North African firms about the current and future impacts of HIV/AIDS on their business.[18] 81% of firms in the Middle East report no current impacts, and 77% expect none in the next five years. 99% of firms that estimate workforce infection rates believe they are below 1%, and fewer than 3% have seen any significant impacts on costs, productivity and revenue.

Firms in the region believe their local communities, too, are largely unaffected by AIDS. Just 15% of firms report negative effects on their localities – the lowest proportion of any of the ten regions studied.

Not surprisingly, then, the response by firms to the virus is very limited. Just 3% have a specific written policy for tackling the disease, and 5% have informal policies. Few firms prohibit discrimination against HIV-positive individuals in promotion, pay and recruitment policies, and only 5% prohibit disclosure of HIV status.

South and South-East Asia

After those in sub-Saharan Africa and the Caribbean, firms in South and South-East Asia are the most concerned about the current and future impacts of AIDS on their business.[19] 37% of firms in the region report some current impacts (compared to 30% in the survey overall) and 41% expect future impacts (37% overall). 9% expect future impacts to be serious.

Workforce HIV prevalence is thought to be similar in South and South-East Asia to the overall sample. 90% of those who estimate rates believe they are below 1%. Despite this, about one in five respondents reports current negative impacts on costs, productivity and revenues.

Communities in South and South-East Asia, as in other regions, are reported to be harder hit by AIDS than businesses. 45% of firms in the region believe the disease is having more impact outside of the companies than inside, with 24% believing rates are the same.

The response by firms in the region has been more extensive than the average response worldwide. 25% of South and South-East Asian firms have some form of policy for tackling AIDS, compared to an average of 19% elsewhere. Confidence in those policies, too, is slightly higher, with 39% confident that existing efforts will be effective, compared to an average of 34% in the overall sample. The content of policies is consistent with those elsewhere.

Part 4: Industry Overview

- *Concern over HIV/AIDS varies little by industry, with only the hotel and restaurant industry significantly more concerned than the average.*

- *Responses, however, do vary. Certain sectors are more actively protecting their workers' health than others.*

For the first time, it was possible to explore business executives' concerns about HIV/AIDS according to their sector. 25% of firms in this year's survey work in the manufacturing sector; 10% in wholesale and retail trade; 10% in financial intermediation; 9% in transport, storage and communications; 5% in construction; and 42% in other sectors.[20]

Perceptions of impact do not vary from industry to industry:

- After controlling for location, national income and HIV-prevalence levels in their country, firms in different industries perceive similar impacts from the virus. Firms in potentially high-risk industries such as mining and transport perceive no greater impacts than those in, for example, education, retail or agriculture.

- The only exception to this is the hotel and restaurant industry, which has a higher than average level of concern over the current and future impacts of the disease after accounting for controlling factors.

Firm size does have an impact, however. Larger firms (with more than fifty employees) are more concerned than smaller firms about the current and future effects of HIV/AIDS on their business.

Responses, however, differ markedly from sector to sector. Firms working in the health and social sectors are the most likely to have written policies. Mining firms, too, are more likely than most to have policies, which may account for their confidence in their programmes to tackle the disease's impacts. Firms in the hotel and restaurant sector, fishing, manufacturing and transport are also more likely to have policies, although in the case of the hotel sector, this does not reassure respondents. The industries where policies are least prevalent include agriculture, construction, real estate and retail.

These differences, which occur despite similar cross-industry levels of concern, could be due to various factors. It may be that those industries that respond more fully to the virus are less worried as a consequence. Certain sectors may also be generally more conscious of their workers' health. Or it may be that certain industries are subject to more pressure from governments and NGOs to develop HIV/AIDS policies, even though their own assessment suggests they are no harder hit by the disease than anyone else.

Business leaders less concerned about HIV/AIDS this year than last

- *Comparisons between the 2003-2004 and 2004-2005 surveys show declining levels of concern about HIV/AIDS from all types of respondents, but rising levels of action reported by those based in high-prevalence countries. Increased action is unlikely to fully account for declining concern, but it represents a very encouraging sign.*

Drawing comparisons between data from the 2003-2004 and 2004-2005 surveys provides a guide as to how business leaders' attitudes to HIV/AIDS are developing.[21]

Firms appear to be slightly less worried about HIV/AIDS than they were a year ago (see figures 13 and 14).[22] This finding applies across all income and HIV prevalence groups. The decline in concern is particularly marked in low-income countries, where the proportion observing serious impacts has dropped from 53% to 42%. Even firms in countries with very high HIV prevalence, while still worried about the disease, appear to be less concerned than they were a year ago. They are also more sanguine about malaria and TB.

Figure 13: Companies are less concerned about the HIV pandemic in 2004 than in 2003

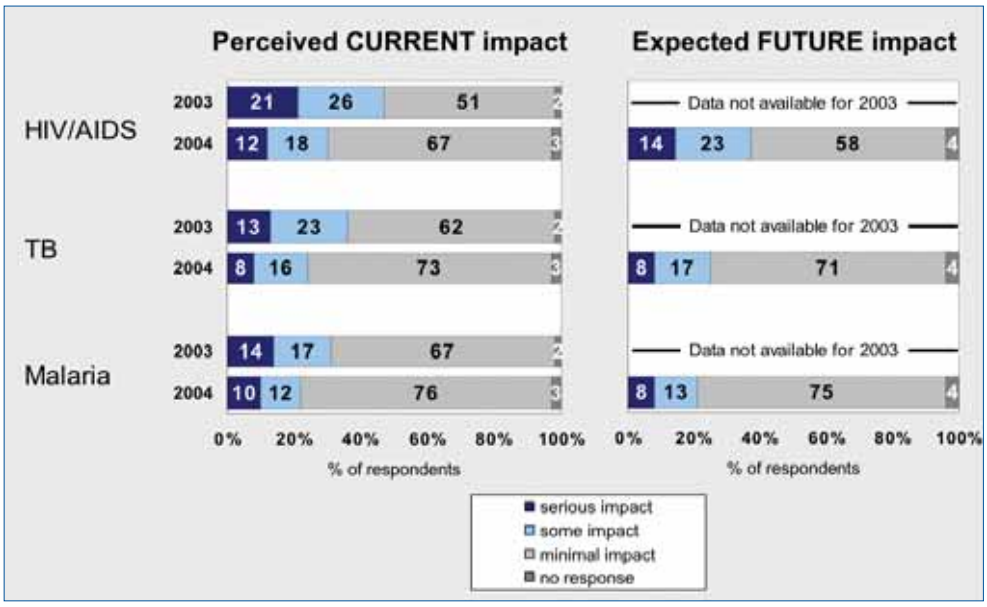
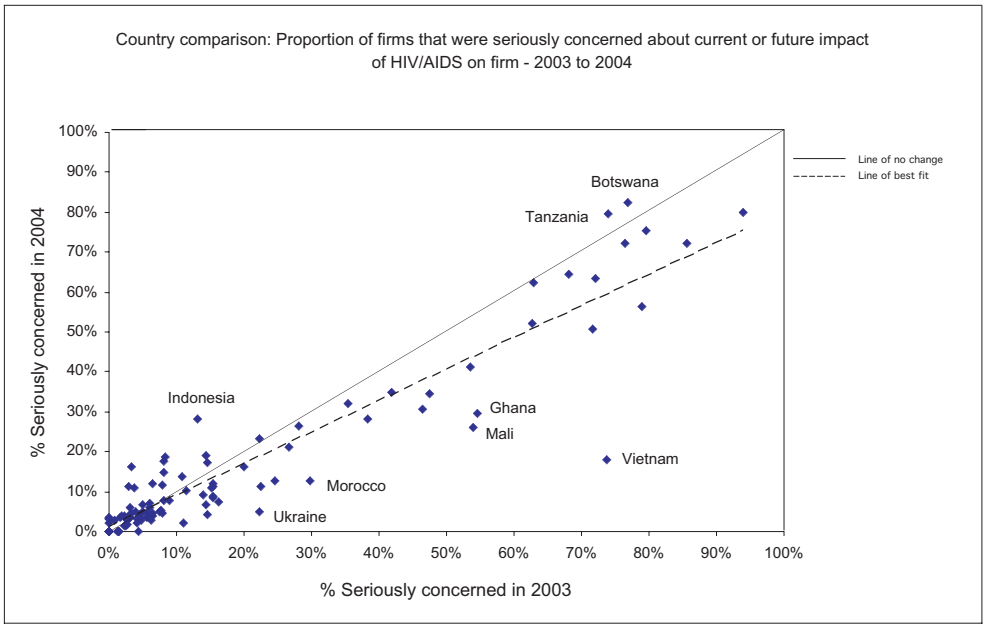


Figure 14:[23]



Business leaders' access to information and perceptions vary

When asked what percentage of their employees they estimated to be HIV-positive, business leaders are less clear this year than last. The percentage of those who either do not know or provide no response has risen from 36% to 66%. The proportion that conducted a quantitative study, however, has remained more or less constant, although the wording of the question changed slightly.[24] For the most part, business estimates of prevalence are similar across the two surveys. In countries with the worst epidemics, however, firms estimate slightly higher workforce prevalence rates this year than they did last year.

Last year's survey found that 20% of firms considered current and future impacts on their communities to be serious, with 50% expecting some impact. This year, 12% of firms report a current serious impact, with 38% reporting some current effect. This decline is similar to that reported for impact at firm level. It may be accounted for, however, by the different question wording in the two surveys.

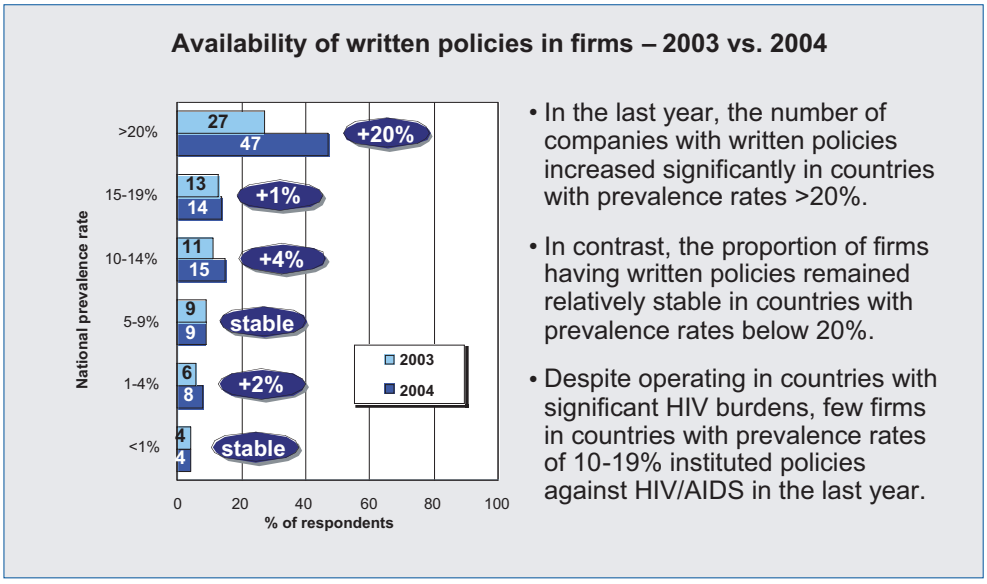
There are few changes in perceptions of the impact of HIV/AIDS on various aspects of a company's operations. Only the effect on revenues is reported to have increased, and that only slightly, with 5% of firms reporting serious impacts (compared to 4% last year) and 19% some impacts (17% last year).

In any case, slightly more companies are responding to the epidemic

We do not have sufficient information to determine why levels of concern about the epidemic appear to be falling. Among many other reasons, it could be due to changes in the nature and spread of the epidemic, the prominence of other challenges, or the adequacy of firm response. Our analysis has established that the decline in concern is not due to changes in the sample. This survey allows us to examine the last of these possibilities.[25]

In 2003-2004, 6% of firms reported having written policies. In 2004-2005, 7% have written policies. There is little change too when looked at by income group. With HIV-prevalence levels, however, large differences emerge (figure 15). At low- and mid-prevalence rates (up to 19%

Figure 15: Written policies increased by two-thirds in the last year – but only in hardest hit countries

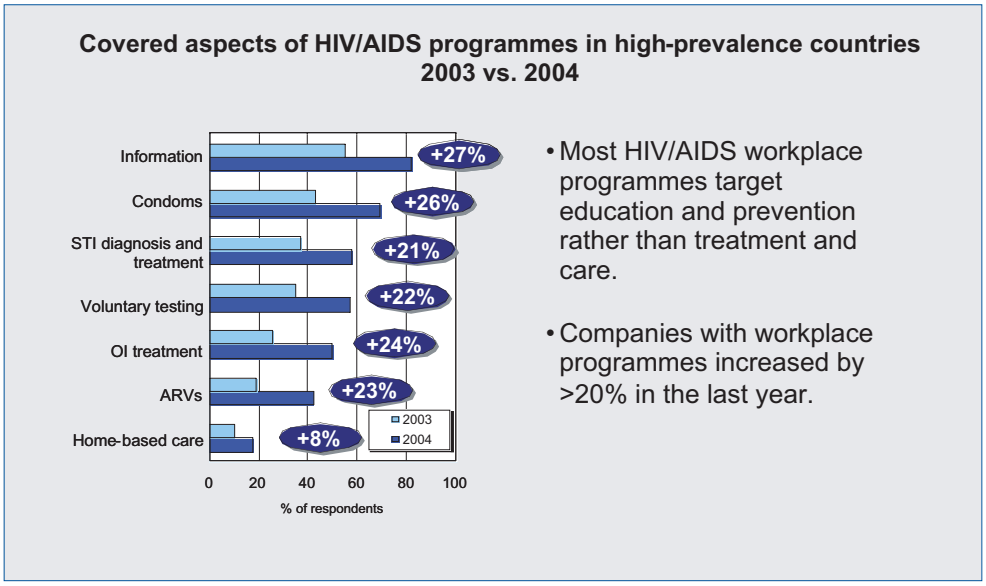


prevalence), the proportion of firms with written policies has remained steady. This is counter-balanced, however, by a large increase among firms in countries with high-prevalence rates. In the countries that are hardest hit by AIDS, there has been a significant increase in the proportion of firms with policies since the 2003-2004 survey. Firms in these settings, it appears, have decided that the time has come to act against the virus. In 2003-2004, 27% had written HIV/AIDS policies. In 2004-2005, 47% of firms have produced formal responses to the disease.

Confidence in policies and the content of programmes follows a similar pattern. In high-prevalence countries, where many more firms have policies, confidence has risen markedly. Given that risks that are actively managed are likely to cause less concern to firms than those that have not been seriously addressed, this finding is not surprising, particularly if increased business HIV/AIDS efforts reflect intensifying national efforts to tackle the virus.

The content of programmes follows a similar pattern. Overall, there are few differences in content, while in high-prevalence countries, firms have stepped up both their prevention and treatment activities significantly (figure 16).

Figure 16: Business activity against HIV/AIDS has increased significantly in the last year



Part 6: Conclusions and Recommendations

Get informed

In general, firms appear to be making decisions on whether and how to respond to HIV/AIDS without much information regarding its effects on their business. The finding that firms that have conducted studies are more likely to have policies applies across all prevalence groups and all income groups. Not surprisingly, it is most evident in the regions most affected by HIV/AIDS. Given that firms that actively manage risks are likely to be better placed to avoid their consequences, it is in the interest of businesses to determine HIV's likely impacts.

Firms that are based in or have dealings with hard hit countries would derive particular benefit from assessing the scale of the threat. In the majority of cases, however, firms in hard hit countries that carry out studies feel compelled either to develop a response to the disease or to continue with existing HIV programmes. This should provide a warning signal to firms that have so far failed to examine the threat. It also suggests that there would be benefits to developing a more sophisticated understanding of the short- and long-term risks that businesses face in low-prevalence environments, as well as recommendations on cost-effective, scaled interventions. Even in low-prevalence settings, companies might benefit from policies underpinning other programmatic elements to ensure sustained management support and provide a basis to reduce stigma and fear of discrimination.

Focusing on raising firms' awareness of the impacts of HIV/AIDS is likely to be a beneficial course of action for advocates of business action on HIV/AIDS. Advocates working in such settings would be well advised to find out why some firms have not conducted studies or implemented programmes. It may be that they lack the knowledge or capacity to design them, highlighting the importance of governments and NGOs to disseminate good practice on study design or to develop cost-effective templates for studies and programmes. Combining persuasion with assistance may be an attractive approach for both advocates and firms.

Build alliances

When firms do decide to act to combat HIV/AIDS, they appear uncertain as to how to go about it. At present, 72% of firms' prevention programmes do not provide condoms (a cheap, effective prevention method) to their workers. Over half do not provide information about HIV, and informal policies outweigh more comprehensive, formal approaches to tackling the disease. Even in the hardest hit countries, a large proportion of firms have not acted on their concerns over the virus, and many of those that have acted perceive their responses to be inadequate.

As we have seen, firms seem to favour a broad response to HIV/AIDS. Where they lack and are unable to access sufficient knowledge, therefore, it is in governments' and other advocates' interests to provide it. Firms that see government as a trustworthy partner feel more confident about fending off HIV/AIDS. Governments and NGOs that have access to international networks with knowledge of how to combat the disease and can also gather and disseminate information from other firms within their countries are well placed to help companies respond more effectively. National business coalitions against HIV as well as other business associations (industry organizations, chambers of commerce, etc.) should emphasize information provision and good practice dissemination in their work with firms on HIV/AIDS, perhaps focusing on creating templates or computerized models to simplify the policy development process.

It may also be in governments' – and indeed international donors' – interest to help out with the costs of interventions. The cost of treatment seems to prevent many firms in hard-hit settings from incorporating anti-retroviral drug provision into their programmes, but as the epidemic matures, treatment will become ever more vital. Clearly some firms can afford treatment but decide not to implement it. Governments wanting to enlist these firms' help in treatment campaigns will need to seek out suitable incentives to persuade them to invest. Some companies, however, lack the financial resources. Governments may benefit from seeking out willing but cash-strapped firms and devising partnership arrangements with them, perhaps in conjunction with other firms in similar situations.

Plan ahead

There are many unanswered questions about how businesses should respond to HIV/AIDS. We do not know, for example, whether quantitative risk assessments persuade firms to act or whether firms that carry out assessments would have acted anyway. Do some firms carry out studies and decide not to act? If so, what is their rationale and how far into the future are they looking when measuring the likely impacts? The effects of HIV/AIDS on an individual worker are likely to be felt several years after he or she contracts the virus. Firms looking only five years down the line, for example, may perceive the likely impacts to be minimal, particularly if employee turnover is such that an individual infected today is unlikely to be working for the company when AIDS kicks in. Is a long-term risk assessment, therefore, a crucial step towards action? How, moreover, can such assessments be modified to be more relevant to smaller firms, whose smaller workforces make robust quantitative analysis difficult?

Part 6: Conclusions and Recommendations

When a firm does decide to act, how can it demonstrate the impact of its programmes? At present, many firms lack confidence in their response – how can they effectively monitor its impacts, and who should be responsible for doing so? Reducing workforce stigma around AIDS, for example, is an important goal but a tough one to measure. Tracking progress on this may provide a more immediate indicator as to whether a programme is having an effect than measuring infection rates, so effective monitoring systems are vital for the long-term management of programmes.

Alliances, too, are a complex issue. How can firms build effective alliances with governments and NGOs, particularly in circumstances where such relationships have traditionally been antagonistic rather than cooperative? How can roles be defined to avoid overlap and waste, and what indicators are needed to judge the success of the alliance?

Firms are in a good position to reach large numbers of individuals with both prevention and treatment measures. Many governments are finding they lack the human resources to deliver HIV/AIDS programmes exclusively through the health system. Businesses may prove an effective conduit for such programmes, and government-business partnerships may strengthen the efforts of both parties in the fight against HIV/AIDS.

Appendices 1 – 2 – 3

Appendix 1: The Survey

GCR – The Survey[26]

The 2003-2004 Executive Opinion Survey (of nearly 8,000 executives in 103 countries) found that business leaders were somewhat concerned about the threat of HIV/AIDS and its potential impact on their business.[27] They believed that their businesses would not be immune when countries were hit hard by the virus, but felt that operating costs would not be greatly affected. Respondents in poor countries that were already experiencing high HIV prevalence were most concerned, particularly if the operated in countries that were seen as badly governed.

On the whole, businesses leaders lacked knowledge of the risks they faced from AIDS. Even those most concerned by the epidemic were not particularly active in responding to the threat they faced and many business leaders were unsatisfied by their own firm's response to the disease.

The 2004-2005 survey polled the views of 8,719 business executives in 104 countries during the first five months of 2004. The lead person for each business in a given country was asked to fill out the questionnaire via the Internet or mail. The full survey takes about 30-40 minutes to complete.[28] The survey questions executives from firms of a variety of sizes. However, smaller firms and those with lower turnover are generally under-represented in the survey.

Nine questions address HIV/AIDS, covering three areas:

- The current and future impact of malaria, tuberculosis and HIV/AIDS on a respondent's company.
- The current impact of these diseases on the community in which the company operates.
- The nature and extent of companies' response to HIV/AIDS.

A full account of how we have reported the data is provided in Appendix 2.

Appendix 2: Reporting the Data

Many of the questions on HIV/AIDS include seven-point Likert scales. The World Economic Forum practice is for numbers 1 to 3 on the scale to signify agreement with the left-hand proposition, 5 to 7 to equal agreement with the right-hand proposition, and 4 to be neutral. There are two types of seven-point scales employed in the HIV/AIDS section of the questionnaire:

- Type 1 (used by most questions) requires a respondent to score impact against a 1-7 scale, where 1 means extremely serious impact and 7 means not a problem, or no impact at all. Logically, any answer other than 7 implies at least some impact – although this contradicts World Economic Forum instructions to treat 4 as neutral. The data are therefore difficult to interpret, but we have decided the best way is to set three standards – 1-2 as a serious impact, 1-5 for some impact and 6-7 for minimal impact. This does not provide numbers that sum neatly to 100%, but appears to be the best possible interpretation in other regards.
- Type 2 (used in only one question), which uses a 7-point Likert scale and where 1-3 clearly indicates the negative, 4 neutrality, and 5-7 the positive. We have also reported 1-2 (strongly negative) and 6-7 (strongly positive).

We break down data by national HIV prevalence, national income group and region, as well as make comparisons between responses in 2003 and 2004.

The table on the right shows how each question is reported.

Appendix 3: The Global Competitiveness Report

The Global Competitiveness Report (GCR), first published in 1979, monitors the competitiveness of the world's economies. It asks why some countries enjoy sustained growth, while others fail to grow or see erosions in their living standards.[29] The 2004-2005 GCR was published on 14 October 2004.[30] Its headline findings were that Finland is the most competitive economy in the world, followed by the United States, Sweden, Taiwan, Denmark and Norway. In sub-Saharan Africa, the region most affected by HIV/AIDS, most economies fall into the lower half of the rankings (with South Africa ranked highest, at 41st of 104 countries).

The Executive Opinion Survey is at the heart of the GCR's Growth Competitiveness and Microeconomic Competitiveness Indexes. It asks business leaders a series of questions about the country in which they operate, covering issues such as tax, regulation, infrastructure, corruption and the macroeconomic environment.

In recent years, the survey has increased its focus on social and environmental issues, and their impacts on economic and business competitiveness. In 2003-2004, it included, for the first time, a series of questions that explored the impact of HIV/AIDS on the business environment. The response rate in 2004-2005 was 8%.

Appendix 2: Table

Question	Topic	Left-hand scale	Right-hand scale	Method for reporting data
q7.20a-c	Current impact of Malaria, TB and HIV/AIDS on company	Extremely serious	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
q7.21a-c	Impact of Malaria, TB and HIV/AIDS on company in next 5 years	Extremely serious	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
q7.22	Impact of HIV/AIDS on community	Extremely serious	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
q7.23a	Estimate of workforce prevalence	Tick prevalence category or don't know		Report proportion in each category and proportion of don't knows/no responses
q7.23b	Estimate based on study	– Yes – No		Report proportion of yes, proportion of no, and proportion of don't know/no response
q7.23c	Prevalence of HIV in workforce relative to country	– Prevalence higher in workforce than country – Prevalences are the same – Prevalence higher in country than workforce		Report proportion of prevalence higher in workforce than country. Report proportion that believes prevalence is the same. Report proportion of prevalence higher in country than workforce. Report proportion of don't knows/no responses.
q7.24	State of HIV/AIDS policy	– No policy – Informal company policy – Specific HIV/AIDS written policy		Report proportion of No Policy. Report proportion with informal company policy. Report proportion with specific HIV/AIDS written policy
q7.25	HIV/AIDS policy sufficient to manage impact over next 5 years	Current policies and programmes will not be sufficient and/or effective	Current policies and programmes will not be sufficient and/or effective	1-3 Not confident in effectiveness 4 Neutral - neither confident nor not confident 5-7 Confident in effectiveness *1-2 Strongly lacking in confidence* *6-7 Strongly confident*
q7.26a-e	Current impact on various aspects of business	Significant negative impact	Not relevant	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
q7.27	Features of HIV/AIDS policy and programme	– No – Yes but not implemented – Yes		Proportion in each category. Report for all respondents Report for respondents with formal policy (q7.24 as filter)
q7.28	Effect of HIV/AIDS stigma on policy and/or programme	Significant negative impact	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact

Appendix 4: Data League Tables

Table 1: Firms surveyed compared to population by region

Region/ Country	Firms surveyed 2004 (number)	Estimated population 2002 (thousands)
Caribbean		
Dominican Republic	63	8,616
Jamaica	90	2,627
Trinidad & Tobago	78	1,298
Caribbean subtotal:	**231**	**12,541**
Percent of grand total:	2.7%	0.2%
East Asia		
China	254	1,294,867
Hong Kong	40	6,981
Japan	77	127,478
Korea	132	47,430
Taiwan	59	22,749
East Asia subtotal:	**562**	**1,499,505**
Percent of grand total:	6.5%	26.9%
Eastern Europe and Central Asia (EE&CA)		
Bosnia and Herzegovina	75	4,126
Bulgaria	131	7,965
Croatia	110	4,439
Czech Republic	101	10,246
Estonia	55	1,338
Georgia	78	5,177
Hungary	79	9,923
Latvia	194	2,329
Lithuania	155	3,465
Poland	49	38,622
Romania	98	22,387
Russian Federation	340	144,082
Serbia & Montenegro	103	10,535
Slovak Republic	60	5,398
Slovenia	66	1,986
Ukraine	101	48,902
EE&CA subtotal:	**1,795**	**320,920**
Percent of grand total:	20.6%	5.8%
Latin America		
Argentina	68	37,981
Bolivia	92	8,654
Brazil	69	176,257
Chile	177	15,613
Colombia	46	43,526
Costa Rica	83	4,094
Ecuador	129	12,810
El Salvador	48	6,415
Guatemala	130	12,036
Honduras	68	6,781
Mexico	89	101,965
Nicaragua	70	5,335
Panama	86	3,064
Paraguay	84	5,740
Peru	79	26,767
Uruguay	59	3,391
Venezuela	53	25,226
Latin America subtotal:	**1,430**	**495,655**
Percent of grand total:	16.4%	8.9%
North Africa and the Middle East (NA&ME)		
Algeria	90	31,226
Bahrain	44	709
Cyprus	81	796
Egypt	105	70,507
Israel	17	6,304
Jordan	75	5,329
Morocco	125	30,072
Tunisia	72	9,728
Turkey	225	70,318
United Arab Emirates	84	2,937
NA&ME subtotal:	**918**	**227,926**
Percent of grand total:	10.5%	4.1%

Region/ Country	Firms surveyed 2004 (number)	Estimated population 2002 (thousands)
Oceania		
Australia	66	19,544
New Zealand	55	3,846
Oceania subtotal	**121**	**23,390**
Percent of grand total	1.4%	0.4%
North America		
Canada	102	31,271
United States	84	291,038
North America subtotal:	**186**	**322,309**
Percent of grand total:	2.1%	5.8%
South and South-East Asia (S&SEA)		
Bangladesh	85	143,809
India	56	1,049,549
Indonesia	39	217,131
Malaysia	93	23,965
Pakistan	73	149,911
Philippines	59	78,580
Singapore	113	4,183
Sri Lanka	82	18,910
Thailand	52	62,193
Vietnam	100	80,278
S&SEA subtotal:	**752**	**1,828,509**
Percent of grand total:	8.6%	32.8%
Sub-Saharan Africa		
Angola	46	13,184
Botswana	79	1,770
Chad	151	8,348
Ethiopia	89	68,961
Gambia	83	1,388
Ghana	61	20,471
Kenya	123	31,540
Madagascar	97	16,916
Malawi	36	11,871
Mali	42	12,623
Mauritius	34	1,210
Mozambique	79	18,537
Namibia	31	1,961
Nigeria	216	120,911
South Africa	73	44,759
Tanzania	122	36,276
Uganda	111	25,004
Zambia	49	10,698
Zimbabwe	30	12,835
Sub-Saharan Africa subtotal:	**1,552**	**459,263**
Percent of grand total:	17.8%	8.2%
Western Europe		
Austria	90	8,111
Belgium	38	10,296
Denmark	25	5,351
Finland	63	5,197
France	86	59,850
Germany	65	82,414
Greece	73	10,970
Iceland	25	287
Ireland	40	3,911
Italy	96	57,482
Luxembourg	30	447
Macedonia, FYR	108	2,046
Malta	67	393
Netherlands	103	16,067
Norway	23	4,514
Portugal	42	10,049
Spain	59	40,977
Sweden	20	8,867
Switzerland	72	7,171
United Kingdom	47	59,068
Western Europe subtotal:	**1,172**	**393,468**
Percent of grand total:	13.4%	7.1%
Grand total	**8,719**	**5,583,486**

Table 2: Firms surveyed compared to population by country's income group

Region/ Country	Firms surveyed 2004 (number)	Estimated population 2002 (thousands)
Low income countries (LIC)		
Angola	46	13,184
Bangladesh	85	143,809
Chad	151	8,348
Ethiopia	89	68,961
Gambia	83	1,388
Georgia	78	5,177
Ghana	61	20,471
India	56	1,049,549
Indonesia	39	217,131
Kenya	123	31,540
Madagascar	97	16,916
Malawi	36	11,871
Mali	42	12,623
Mozambique	79	18,537
Nicaragua	70	5,335
Nigeria	216	120,911
Pakistan	73	149,911
Tanzania	122	36,276
Uganda	111	25,004
Vietnam	100	80,278
Zambia	49	10,698
Zimbabwe	30	12,835
LIC subtotal	**1,836**	**2,060,753**
Percent of grand total	21.1%	36.9%
Lower middle income countries (LMC)		
Algeria	90	31,226
Bolivia	92	8,654
Bosnia and Herzegovina	75	4,126
Brazil	69	176,257
Bulgaria	131	7,965
China	254	1,294,867
Colombia	46	43,526
Dominican Republic	63	8,616
Ecuador	129	12,810
Egypt	105	70,507
El Salvador	48	6,415
Guatemala	130	12,036
Honduras	68	6,781
Jamaica	90	2,627
Jordan	75	5,329
Macedonia, FYR	108	2,046
Morocco	125	30,072
Namibia	31	1,961
Paraguay	84	5,740
Peru	79	26,767
Philippines	59	78,580
Romania	98	22,387
Russian Federation	340	144,082
Serbia & Montenegro	103	10,535
South Africa	73	44,759
Sri Lanka	82	18,910
Thailand	52	62,193
Tunisia	72	9,728
Turkey	225	70,318
Ukraine	101	48,902
LMC subtotal	**3,097**	**2,268,722**
Percent of grand total	35.5%	40.6%

Region/ Country	Firms surveyed 2004 (number)	Estimated population 2002 (thousands)
Upper middle income countries (UMC)		
Argentina	68	37,981
Botswana	79	1,770
Chile	177	15,613
Costa Rica	83	4,094
Croatia	110	4,439
Czech Republic	101	10,246
Estonia	55	1,338
Hungary	79	9,923
Latvia	194	2,329
Lithuania	155	3,465
Malaysia	93	23,965
Mauritius	34	1,210
Mexico	89	101,965
Panama	86	3,064
Poland	49	38,622
Slovak Republic	60	5,398
Trinidad & Tobago	78	1,298
Uruguay	59	3,391
Venezuela	53	25,226
UMC subtotal	**1,702**	**295,337**
Percent of grand total	19.5%	5.3%
High income countries (HIC)		
Australia	66	19,544
Austria	90	8,111
Bahrain	44	709
Belgium	38	10,296
Canada	102	31,271
Cyprus	81	796
Denmark	25	5,351
Finland	63	5,197
France	86	59,850
Germany	65	82,414
Greece	73	10,970
Hong Kong	40	6,981
Iceland	25	287
Ireland	40	3,911
Israel	17	6,304
Italy	96	57,482
Japan	77	127,478
Korea	132	47,430
Luxembourg	30	447
Malta	67	393
Netherlands	103	16,067
New Zealand	55	3,846
Norway	23	4,514
Portugal	42	10,049
Singapore	113	4,183
Slovenia	66	1,986
Spain	59	40,977
Sweden	20	8,867
Switzerland	72	7,171
Taiwan	59	22,749
United Arab Emirates	84	2,937
United Kingdom	47	59,068
United States	84	291,038
HIC subtotal	**2,084**	**958,674**
Percent of grand total	23.9%	17.2%
Grand total	**8,719**	**5,583,486**

Table 3: Firms surveyed compared to population by country's UNAIDS HIV prevalence estimates

Region/ Country	Firms surveyed 2004 (number)	Estimated population 2002 (thousands)
HIV prevalence < 1%		
Algeria	90	31,226
Argentina	68	37,981
Australia	66	19,544
Austria	90	8,111
Bahrain	44	709
Bangladesh	85	143,809
Belgium	38	10,296
Bolivia	92	8,654
Bosnia and Herzegovina	75	4,126
Brazil	69	176,257
Bulgaria	131	7,965
Canada	102	31,271
Chile	177	15,613
China	254	1,294,867
Colombia	46	43,526
Costa Rica	83	4,094
Croatia	110	4,439
Czech Republic	101	10,246
Denmark	25	5,351
Ecuador	129	12,810
Egypt	105	70,507
El Salvador	48	6,415
Finland	63	5,197
France	86	59,850
Georgia	78	5,177
Germany	65	82,414
Greece	73	10,970
Hong Kong	40	6,981
Hungary	79	9,923
Iceland	25	287
India	56	1,049,549
Indonesia	39	217,131
Ireland	40	3,911
Israel	17	6,304
Italy	96	57,482
Japan	77	127,478
Jordan	75	5,329
Korea	132	47,430
Latvia	194	2,329
Lithuania	155	3,465
Luxembourg	30	447
Macedonia, FYR	108	2,046
Malaysia	93	23,965
Malta	67	393
Mauritius	34	1,210
Mexico	89	101,965
Morocco	125	30,072
Netherlands	103	16,067
New Zealand	55	3,846
Nicaragua	70	5,335
Norway	23	4,514
Pakistan	73	149,911
Panama	86	3,064
Paraguay	84	5,740
Peru	79	26,767
Philippines	59	78,580
Poland	49	38,622
Portugal	42	10,049
Romania	98	22,387
Serbia & Montenegro	103	10,535
Singapore	113	4,183
Slovak Republic	60	5,398
Slovenia	66	1,986
Spain	59	40,977
Sri Lanka	82	18,910
Sweden	20	8,867
Switzerland	72	7,171
Tunisia	72	9,728
Turkey	225	70,318
United Kingdom	47	59,068
United States	84	291,038
Uruguay	59	3,391
Venezuela	53	25,226
Vietnam	100	80,278
HIV prevalence < 1% subtotal	**6,000**	**4,811,078**
Percent of grand total	68,8%	86,2%
HIV prevalence 1-4%		
Angola	46	13,184
Chad	151	8,348
Dominican Republic	63	8,616
Estonia	55	1,338
Ethiopia	89	68,961
Gambia	83	1,388
Ghana	61	20,471
Guatemala	130	12,036
Honduras	68	6,781
Jamaica	90	2,627
Madagascar	97	16,916
Mali	42	12,623
Russian Federation	340	144,082
Thailand	52	62,193
Trinidad & Tobago	78	1,298
Uganda	111	25,004
Ukraine	101	48,902
HIV prevalence 1-4% subtotal:	**1,657**	**454,768**
Percent of grand total:	19.0%	8.1%
HIV prevalence 5-9%		
Kenya	123	31,540
Nigeria	216	120,911
Tanzania	122	36,276
HIV prevalence 5-9% subtotal:	**461**	**188,727**
Percent of grand total:	5.3%	3.4%
HIV prevalence 10-14%		
Malawi	36	11,871
Mozambique	79	18,537
HIV prevalence 10-14% subtotal:	**115**	**30,408**
Percent of grand total:	1.3%	0.5%
HIV prevalence 15-19%		
Zambia	49	10,698
HIV prevalence 15-19% subtotal:	**52**	**10,698**
Percent of grand total:	0.6%	0.2%
HIV prevalence >20%		
Botswana	79	1,770
Namibia	31	1,961
South Africa	73	44,759
Zimbabwe	30	12,835
HIV prevalence >20% subtotal:	**213**	**61,325**
Percent of grand total:	2.4%	1.1%
Unclassified		
Cyprus	81	796
Taiwan	59	22,749
United Arab Emirates	84	2,937
Unclassified subtotal:	**224**	**26,482**
Percent of grand total:	2.6%	0.5%
Grand total	**8,719**	**5,583,486**

Table 4: How serious do you consider the current impact of malaria on your company?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	4%	19%	80%	1%
Angola	43%	85%	13%	2%
Argentina	1%	1%	96%	3%
Australia	0%	0%	100%	0%
Austria	1%	1%	91%	8%
Bahrain	2%	5%	93%	2%
Bangladesh	9%	28%	72%	0%
Belgium	0%	0%	97%	3%
Bolivia	7%	23%	70%	8%
Bosnia and Herzegovina	9%	13%	84%	3%
Botswana	8%	44%	52%	4%
Brazil	1%	7%	93%	0%
Bulgaria	4%	9%	89%	2%
Canada	1%	3%	97%	0%
Chad	58%	87%	9%	4%
Chile	0%	1%	99%	0%
China	8%	30%	70%	0%
Colombia	2%	11%	89%	0%
Costa Rica	1%	2%	98%	0%
Croatia	9%	11%	88%	1%
Cyprus	10%	12%	88%	0%
Czech Republic	4%	6%	84%	10%
Denmark	0%	0%	100%	0%
Dominican Republic	2%	14%	84%	2%
Ecuador	3%	9%	87%	4%
Egypt	6%	10%	88%	3%
El Salvador	2%	8%	85%	6%
Estonia	2%	4%	96%	0%
Ethiopia	37%	56%	37%	7%
Finland	2%	2%	98%	0%
France	0%	2%	95%	2%
Gambia	51%	82%	14%	4%
Georgia	5%	10%	88%	1%
Germany	0%	0%	100%	0%
Ghana	33%	69%	30%	2%
Greece	1%	5%	92%	3%
Guatemala	8%	34%	65%	2%
Honduras	4%	19%	75%	6%
Hong Kong	0%	5%	95%	0%
Hungary	0%	3%	97%	0%
Iceland	0%	0%	100%	0%
India	11%	32%	68%	0%
Indonesia	5%	90%	10%	0%
Ireland	0%	0%	98%	3%
Israel	0%	0%	100%	0%
Italy	0%	0%	98%	2%
Jamaica	7%	14%	84%	1%
Japan	1%	5%	95%	0%
Jordan	3%	4%	92%	4%
Kenya	25%	69%	30%	1%
Korea	2%	8%	91%	1%
Latvia	1%	5%	88%	8%
Lithuania	1%	8%	92%	0%
Luxembourg	3%	3%	93%	3%
Macedonia, FYR	0%	4%	96%	0%
Madagascar	29%	70%	28%	2%
Malawi	56%	94%	6%	0%
Malaysia	0%	35%	61%	3%
Mali	52%	90%	5%	5%
Malta	1%	1%	79%	19%
Mauritius	0%	9%	91%	0%
Mexico	0%	3%	94%	2%
Morocco	5%	18%	79%	3%
Mozambique	57%	95%	5%	0%
Namibia	13%	42%	58%	0%
Netherlands	0%	1%	97%	2%
New Zealand	0%	0%	100%	0%
Nicaragua	9%	30%	67%	3%
Nigeria	34%	71%	25%	4%
Norway	0%	0%	100%	0%
Pakistan	14%	45%	55%	0%
Panama	3%	19%	80%	1%
Paraguay	1%	5%	92%	4%
Peru	0%	10%	86%	4%
Philippines	5%	20%	78%	2%
Poland	10%	20%	55%	24%
Portugal	0%	0%	98%	2%
Romania	8%	16%	81%	3%
Russian Federation	1%	6%	88%	6%
Serbia & Montenegro	0%	3%	95%	2%
Singapore	1%	7%	92%	1%
Slovak Republic	2%	2%	92%	7%
Slovenia	2%	2%	98%	0%
South Africa	5%	23%	73%	4%
Spain	0%	0%	100%	0%
Sri Lanka	10%	35%	63%	1%
Sweden	0%	0%	100%	0%
Switzerland	1%	1%	99%	0%
Taiwan	0%	5%	90%	5%
Tanzania	67%	86%	11%	2%
Thailand	4%	21%	79%	0%
Trinidad & Tobago	8%	28%	71%	1%
Tunisia	3%	11%	76%	13%
Turkey	2%	4%	93%	3%
Uganda	54%	86%	5%	8%
Ukraine	0%	3%	96%	1%
United Arab Emirates	2%	10%	87%	4%
United Kingdom	0%	9%	89%	2%
United States	4%	5%	95%	0%
Uruguay	0%	0%	100%	0%
Venezuela	2%	13%	83%	4%
Vietnam	7%	22%	74%	4%
Zambia	61%	82%	10%	8%
Zimbabwe	13%	60%	40%	0%
Income group subtotal				
Low income	35%	66%	32%	3%
Lower middle income	4%	14%	83%	3%
Upper middle income	2%	10%	86%	3%
High income	1%	3%	95%	2%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	3%	10%	87%	3%
Prevalence 1 - 4%	21%	40%	56%	4%
Prevalence 5 - 9%	40%	75%	23%	3%
Prevalence 10 - 14%	57%	95%	5%	0%
Prevalence 15 - 19%	61%	82%	10%	8%
Prevalence >20%	8%	39%	58%	3%
Prevalence unclassified	4%	9%	88%	3%
Regional subtotal				
Caribbean	6%	19%	80%	1%
East Asia	4%	17%	82%	1%
Eastern Europe & Central Asia	3%	7%	89%	4%
Latin America	3%	12%	86%	3%
North Africa & Middle East	4%	10%	87%	3%
Oceania	0%	0%	100%	0%
North America	2%	4%	96%	0%
South & South-East Asia	6%	30%	69%	1%
Sub-Saharan Africa	39%	72%	25%	3%
Western Europe	1%	2%	95%	3%
Overall	**10%**	**22%**	**76%**	**3%**

Table 5: How serious do you consider the current impact of tuberculosis on your company?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	4%	27%	72%	1%
Angola	17%	61%	35%	4%
Argentina	1%	7%	91%	1%
Australia	0%	0%	100%	0%
Austria	1%	1%	91%	8%
Bahrain	5%	9%	89%	2%
Bangladesh	9%	33%	65%	2%
Belgium	0%	0%	97%	3%
Bolivia	15%	37%	57%	7%
Bosnia and Herzegovina	9%	24%	75%	1%
Botswana	23%	61%	33%	6%
Brazil	1%	3%	97%	0%
Bulgaria	4%	16%	82%	2%
Canada	1%	6%	94%	0%
Chad	40%	78%	15%	7%
Chile	0%	2%	98%	0%
China	10%	34%	66%	0%
Colombia	0%	11%	87%	2%
Costa Rica	2%	4%	96%	0%
Croatia	11%	21%	78%	1%
Cyprus	9%	14%	86%	0%
Czech Republic	4%	7%	83%	10%
Denmark	0%	0%	100%	0%
Dominican Republic	2%	17%	81%	2%
Ecuador	2%	9%	88%	2%
Egypt	8%	15%	82%	3%
El Salvador	2%	15%	79%	6%
Estonia	4%	18%	80%	2%
Ethiopia	34%	57%	35%	8%
Finland	2%	2%	98%	0%
France	0%	1%	97%	2%
Gambia	20%	58%	37%	5%
Georgia	9%	31%	68%	1%
Germany	0%	0%	100%	0%
Ghana	8%	38%	59%	3%
Greece	1%	5%	90%	4%
Guatemala	6%	33%	65%	2%
Honduras	4%	15%	81%	4%
Hong Kong	0%	5%	95%	0%
Hungary	0%	11%	89%	0%
Iceland	0%	0%	100%	0%
India	13%	32%	68%	0%
Indonesia	13%	92%	8%	0%
Ireland	0%	3%	95%	3%
Israel	0%	0%	100%	0%
Italy	0%	0%	98%	2%
Jamaica	8%	17%	83%	0%
Japan	1%	16%	84%	0%
Jordan	4%	8%	88%	4%
Kenya	17%	66%	33%	2%
Korea	2%	13%	86%	1%
Latvia	6%	24%	69%	7%
Lithuania	3%	21%	79%	0%
Luxembourg	3%	3%	93%	3%
Macedonia, FYR	0%	7%	92%	1%
Madagascar	23%	57%	40%	3%
Malawi	39%	78%	22%	0%
Malaysia	0%	32%	66%	2%
Mali	19%	45%	40%	14%
Malta	1%	3%	78%	19%
Mauritius	0%	6%	94%	0%
Mexico	0%	6%	93%	1%
Morocco	4%	19%	78%	2%
Mozambique	25%	80%	15%	5%
Namibia	19%	48%	52%	0%
Netherlands	0%	2%	96%	2%
New Zealand	2%	4%	96%	0%
Nicaragua	6%	19%	79%	3%
Nigeria	19%	55%	41%	4%
Norway	0%	0%	100%	0%
Pakistan	15%	45%	55%	0%
Panama	3%	17%	81%	1%
Paraguay	1%	6%	90%	4%
Peru	11%	30%	67%	3%
Philippines	7%	46%	53%	2%
Poland	8%	41%	37%	22%
Portugal	0%	2%	95%	2%
Romania	15%	31%	67%	2%
Russian Federation	2%	14%	81%	6%
Serbia & Montenegro	2%	16%	83%	2%
Singapore	2%	10%	89%	1%
Slovak Republic	0%	5%	88%	7%
Slovenia	2%	3%	97%	0%
South Africa	14%	52%	45%	3%
Spain	0%	2%	98%	0%
Sri Lanka	7%	23%	76%	1%
Sweden	0%	0%	100%	0%
Switzerland	1%	1%	99%	0%
Taiwan	2%	14%	81%	5%
Tanzania	38%	80%	16%	4%
Thailand	13%	33%	67%	0%
Trinidad & Tobago	8%	31%	68%	1%
Tunisia	6%	14%	75%	11%
Turkey	3%	9%	88%	3%
Uganda	26%	67%	25%	8%
Ukraine	3%	27%	72%	1%
United Arab Emirates	2%	13%	83%	4%
United Kingdom	0%	11%	87%	2%
United States	2%	7%	93%	0%
Uruguay	0%	3%	97%	0%
Venezuela	2%	9%	87%	4%
Vietnam	13%	30%	66%	4%
Zambia	51%	69%	20%	10%
Zimbabwe	33%	80%	20%	0%
Income group subtotal				
Low income	22%	57%	39%	4%
Lower middle income	6%	21%	77%	3%
Upper middle income	4%	17%	80%	3%
High income	1%	5%	93%	2%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	4%	15%	83%	2%
Prevalence 1 - 4%	13%	37%	58%	4%
Prevalence 5 - 9%	23%	64%	32%	3%
Prevalence 10 - 14%	30%	79%	17%	3%
Prevalence 15 - 19%	51%	69%	20%	10%
Prevalence >20%	21%	59%	38%	3%
Prevalence unclassified	4%	13%	84%	3%
Regional subtotal				
Caribbean	6%	22%	77%	1%
East Asia	6%	22%	77%	1%
Eastern Europe & Central Asia	5%	19%	77%	4%
Latin America	4%	14%	84%	2%
North Africa & Middle East	4%	14%	83%	3%
Oceania	1%	2%	98%	0%
North America	2%	6%	94%	0%
South & South-East Asia	8%	33%	65%	1%
Sub-Saharan Africa	25%	62%	33%	5%
Western Europe	1%	2%	95%	3%
Overall	**8%**	**24%**	**73%**	**3%**

Table 6: How serious do you consider the current impact of HIV/AIDS on your company?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	6%	26%	73%	1%
Angola	15%	43%	52%	4%
Argentina	4%	13%	84%	3%
Australia	0%	9%	91%	0%
Austria	1%	4%	88%	8%
Bahrain	5%	18%	80%	2%
Bangladesh	6%	20%	80%	0%
Belgium	0%	8%	89%	3%
Bolivia	5%	22%	72%	7%
Bosnia and Herzegovina	7%	17%	81%	1%
Botswana	71%	90%	6%	4%
Brazil	1%	25%	74%	1%
Bulgaria	6%	21%	77%	2%
Canada	4%	22%	78%	0%
Chad	64%	86%	9%	5%
Chile	1%	15%	84%	1%
China	11%	29%	71%	0%
Colombia	2%	24%	74%	2%
Costa Rica	4%	11%	89%	0%
Croatia	11%	27%	72%	1%
Cyprus	7%	26%	74%	0%
Czech Republic	4%	11%	79%	10%
Denmark	0%	8%	92%	0%
Dominican Republic	6%	38%	59%	3%
Ecuador	2%	14%	84%	2%
Egypt	9%	16%	81%	3%
El Salvador	6%	27%	67%	6%
Estonia	5%	22%	76%	2%
Ethiopia	43%	76%	17%	7%
Finland	2%	5%	95%	0%
France	2%	20%	78%	2%
Gambia	27%	57%	37%	6%
Georgia	3%	32%	67%	1%
Germany	0%	2%	98%	0%
Ghana	15%	51%	44%	5%
Greece	1%	19%	78%	3%
Guatemala	8%	38%	60%	2%
Honduras	19%	44%	51%	4%
Hong Kong	0%	5%	95%	0%
Hungary	1%	14%	85%	1%
Iceland	0%	0%	100%	0%
India	14%	46%	50%	4%
Indonesia	23%	90%	10%	0%
Ireland	5%	15%	85%	0%
Israel	0%	0%	100%	0%
Italy	3%	10%	86%	3%
Jamaica	28%	59%	39%	2%
Japan	3%	16%	84%	0%
Jordan	3%	5%	91%	4%
Kenya	41%	77%	21%	2%
Korea	3%	18%	81%	1%
Latvia	6%	27%	65%	8%
Lithuania	4%	19%	81%	0%
Luxembourg	3%	13%	83%	3%
Macedonia, FYR	0%	5%	95%	0%
Madagascar	21%	49%	47%	3%
Malawi	58%	89%	11%	0%
Malaysia	1%	41%	55%	4%
Mali	17%	60%	33%	7%
Malta	1%	10%	70%	19%
Mauritius	0%	26%	74%	0%
Mexico	1%	12%	87%	1%
Morocco	6%	22%	71%	7%
Mozambique	46%	80%	15%	5%
Namibia	48%	77%	23%	0%
Netherlands	0%	8%	90%	2%
New Zealand	4%	18%	82%	0%
Nicaragua	3%	16%	80%	4%
Nigeria	23%	57%	39%	4%
Norway	0%	0%	100%	0%
Pakistan	4%	49%	51%	0%
Panama	8%	28%	70%	2%
Paraguay	7%	20%	76%	4%
Peru	6%	23%	72%	5%
Philippines	8%	34%	64%	2%
Poland	16%	47%	31%	22%
Portugal	0%	14%	83%	2%
Romania	17%	26%	73%	1%
Russian Federation	3%	13%	81%	6%
Serbia & Montenegro	3%	13%	85%	2%
Singapore	3%	11%	88%	1%
Slovak Republic	0%	5%	88%	7%
Slovenia	2%	3%	97%	0%
South Africa	41%	88%	8%	4%
Spain	0%	7%	93%	0%
Sri Lanka	7%	33%	66%	1%
Sweden	0%	5%	95%	0%
Switzerland	1%	14%	86%	0%
Taiwan	2%	14%	81%	5%
Tanzania	63%	89%	8%	2%
Thailand	17%	56%	44%	0%
Trinidad & Tobago	24%	64%	33%	3%
Tunisia	3%	15%	74%	11%
Turkey	4%	9%	88%	3%
Uganda	52%	84%	8%	8%
Ukraine	2%	17%	82%	1%
United Arab Emirates	6%	15%	81%	4%
United Kingdom	4%	19%	79%	2%
United States	6%	39%	61%	0%
Uruguay	0%	14%	85%	2%
Venezuela	8%	21%	72%	8%
Vietnam	15%	35%	60%	5%
Zambia	59%	82%	10%	8%
Zimbabwe	77%	100%	0%	0%
Income group subtotal				
Low income	32%	62%	34%	4%
Lower middle income	8%	24%	73%	3%
Upper middle income	8%	26%	70%	4%
High income	2%	14%	84%	2%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	5%	19%	78%	3%
Prevalence 1 - 4%	21%	47%	49%	4%
Prevalence 5 - 9%	38%	71%	26%	3%
Prevalence 10 - 14%	50%	83%	14%	3%
Prevalence 15 - 19%	59%	82%	10%	8%
Prevalence >20%	58%	89%	8%	3%
Prevalence unclassified	5%	19%	79%	3%
Regional subtotal				
Caribbean	21%	55%	42%	3%
East Asia	6%	21%	78%	1%
Eastern Europe & Central Asia	5%	19%	77%	4%
Latin America	5%	21%	76%	3%
North Africa & Middle East	5%	16%	81%	4%
Oceania	2%	13%	87%	0%
North America	5%	30%	70%	0%
South & South-East Asia	9%	37%	62%	2%
Sub-Saharan Africa	41%	72%	23%	4%
Western Europe	1%	10%	87%	3%
Overall	**12%**	**30%**	**67%**	**3%**

Table 7: How serious do you consider the future impact of malaria on your company in the next five years?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	6%	18%	79%	3%
Angola	33%	83%	15%	2%
Argentina	1%	3%	94%	3%
Australia	2%	5%	95%	0%
Austria	0%	0%	90%	10%
Bahrain	2%	5%	93%	2%
Bangladesh	4%	19%	78%	4%
Belgium	0%	0%	97%	3%
Bolivia	5%	18%	74%	8%
Bosnia and Herzegovina	4%	15%	83%	3%
Botswana	10%	35%	61%	4%
Brazil	1%	4%	96%	0%
Bulgaria	5%	11%	85%	4%
Canada	1%	3%	96%	1%
Chad	53%	88%	7%	5%
Chile	0%	1%	98%	2%
China	6%	34%	66%	0%
Colombia	0%	7%	91%	2%
Costa Rica	1%	4%	96%	0%
Croatia	5%	12%	87%	1%
Cyprus	6%	14%	86%	0%
Czech Republic	3%	4%	85%	11%
Denmark	0%	0%	96%	4%
Dominican Republic	0%	8%	89%	3%
Ecuador	7%	17%	78%	5%
Egypt	9%	13%	83%	4%
El Salvador	2%	8%	81%	10%
Estonia	0%	0%	100%	0%
Ethiopia	28%	58%	31%	10%
Finland	0%	0%	97%	3%
France	0%	3%	94%	2%
Gambia	39%	72%	19%	8%
Georgia	5%	10%	88%	1%
Germany	0%	2%	98%	0%
Ghana	26%	64%	31%	5%
Greece	1%	7%	88%	5%
Guatemala	7%	23%	75%	2%
Honduras	6%	21%	75%	4%
Hong Kong	3%	10%	90%	0%
Hungary	1%	3%	97%	0%
Iceland	0%	0%	100%	0%
India	7%	23%	75%	2%
Indonesia	8%	87%	13%	0%
Ireland	0%	3%	95%	3%
Israel	0%	0%	100%	0%
Italy	0%	1%	97%	2%
Jamaica	6%	14%	84%	1%
Japan	3%	8%	92%	0%
Jordan	0%	5%	91%	4%
Kenya	19%	64%	33%	2%
Korea	2%	8%	91%	1%
Latvia	2%	4%	87%	9%
Lithuania	1%	9%	91%	0%
Luxembourg	3%	3%	93%	3%
Macedonia, FYR	2%	8%	60%	31%
Madagascar	27%	67%	30%	3%
Malawi	39%	94%	6%	0%
Malaysia	0%	20%	76%	3%
Mali	33%	81%	7%	12%
Malta	0%	0%	81%	19%
Mauritius	0%	12%	88%	0%
Mexico	1%	6%	93%	1%
Morocco	10%	24%	73%	3%
Mozambique	54%	89%	6%	5%
Namibia	6%	32%	68%	0%
Netherlands	0%	2%	96%	2%
New Zealand	0%	0%	100%	0%
Nicaragua	6%	24%	73%	3%
Nigeria	20%	61%	34%	5%
Norway	0%	0%	100%	0%
Pakistan	5%	41%	59%	0%
Panama	13%	24%	73%	2%
Paraguay	4%	10%	87%	4%
Peru	4%	6%	87%	6%
Philippines	5%	24%	73%	3%
Poland	14%	24%	51%	24%
Portugal	0%	0%	98%	2%
Romania	9%	21%	76%	3%
Russian Federation	0%	10%	81%	9%
Serbia & Montenegro	0%	4%	93%	3%
Singapore	1%	5%	94%	1%
Slovak Republic	2%	5%	88%	7%
Slovenia	2%	2%	98%	0%
South Africa	4%	21%	73%	7%
Spain	2%	2%	97%	2%
Sri Lanka	7%	22%	73%	5%
Sweden	0%	0%	100%	0%
Switzerland	0%	0%	100%	0%
Taiwan	2%	5%	90%	5%
Tanzania	53%	91%	7%	2%
Thailand	4%	19%	81%	0%
Trinidad & Tobago	8%	21%	78%	1%
Tunisia	4%	15%	74%	11%
Turkey	0%	4%	93%	3%
Uganda	44%	80%	12%	8%
Ukraine	1%	16%	80%	4%
United Arab Emirates	2%	6%	87%	7%
United Kingdom	0%	9%	89%	2%
United States	2%	7%	92%	1%
Uruguay	0%	0%	100%	0%
Venezuela	4%	15%	81%	4%
Vietnam	10%	26%	69%	5%
Zambia	47%	76%	14%	10%
Zimbabwe	17%	60%	40%	0%
Income group subtotal				
Low income	28%	62%	34%	4%
Lower middle income	4%	15%	80%	5%
Upper middle income	3%	10%	87%	4%
High income	1%	4%	94%	3%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	3%	11%	85%	4%
Prevalence 1 - 4%	17%	39%	55%	5%
Prevalence 5 - 9%	29%	70%	27%	3%
Prevalence 10 - 14%	50%	90%	6%	3%
Prevalence 15 - 19%	47%	76%	14%	10%
Prevalence >20%	8%	33%	63%	4%
Prevalence unclassified	4%	8%	88%	4%
Regional subtotal				
Caribbean	5%	15%	84%	2%
East Asia	4%	20%	80%	1%
Eastern Europe & Central Asia	3%	9%	86%	5%
Latin America	4%	11%	85%	3%
North Africa & Middle East	4%	11%	85%	4%
Oceania	1%	2%	98%	0%
North America	2%	5%	94%	1%
South & South-East Asia	5%	25%	73%	3%
Sub-Saharan Africa	31%	68%	28%	5%
Western Europe	0%	2%	91%	6%
Overall	**8%**	**21%**	**75%**	**4%**

Table 8: How serious do you consider the future impact of tuberculosis on your company in the next five years?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	3%	21%	76%	3%
Angola	22%	65%	30%	4%
Argentina	1%	6%	91%	3%
Australia	0%	2%	98%	0%
Austria	0%	2%	88%	10%
Bahrain	2%	5%	93%	2%
Bangladesh	5%	24%	72%	5%
Belgium	0%	0%	97%	3%
Bolivia	9%	35%	58%	8%
Bosnia and Herzegovina	7%	27%	72%	1%
Botswana	20%	63%	33%	4%
Brazil	1%	6%	94%	0%
Bulgaria	5%	15%	80%	5%
Canada	1%	7%	93%	0%
Chad	38%	76%	17%	7%
Chile	0%	2%	97%	2%
China	7%	38%	62%	0%
Colombia	0%	13%	85%	2%
Costa Rica	1%	2%	98%	0%
Croatia	5%	17%	82%	1%
Cyprus	6%	16%	84%	0%
Czech Republic	3%	7%	82%	11%
Denmark	0%	0%	100%	0%
Dominican Republic	2%	16%	79%	5%
Ecuador	6%	19%	78%	4%
Egypt	9%	18%	78%	4%
El Salvador	2%	21%	69%	10%
Estonia	2%	13%	85%	2%
Ethiopia	27%	64%	26%	10%
Finland	0%	2%	98%	0%
France	0%	2%	95%	2%
Gambia	22%	57%	35%	8%
Georgia	9%	31%	68%	1%
Germany	0%	0%	100%	0%
Ghana	10%	38%	57%	5%
Greece	1%	7%	86%	7%
Guatemala	6%	26%	72%	2%
Honduras	6%	22%	74%	4%
Hong Kong	3%	13%	88%	0%
Hungary	4%	13%	87%	0%
Iceland	0%	0%	100%	0%
India	7%	23%	75%	2%
Indonesia	3%	87%	13%	0%
Ireland	3%	5%	93%	3%
Israel	0%	0%	100%	0%
Italy	0%	4%	93%	3%
Jamaica	8%	17%	83%	0%
Japan	0%	17%	83%	0%
Jordan	0%	5%	91%	4%
Kenya	20%	66%	31%	3%
Korea	2%	10%	89%	1%
Latvia	5%	20%	72%	8%
Lithuania	6%	24%	76%	0%
Luxembourg	3%	3%	93%	3%
Macedonia, FYR	2%	12%	56%	31%
Madagascar	22%	57%	40%	3%
Malawi	42%	89%	11%	0%
Malaysia	1%	26%	71%	3%
Mali	14%	50%	31%	19%
Malta	0%	3%	78%	19%
Mauritius	0%	9%	91%	0%
Mexico	1%	6%	93%	1%
Morocco	9%	27%	67%	6%
Mozambique	23%	72%	18%	10%
Namibia	10%	45%	55%	0%
Netherlands	1%	3%	95%	2%
New Zealand	2%	7%	93%	0%
Nicaragua	4%	20%	77%	3%
Nigeria	12%	53%	42%	6%
Norway	0%	0%	100%	0%
Pakistan	10%	47%	53%	0%
Panama	10%	22%	76%	2%
Paraguay	4%	8%	88%	4%
Peru	6%	23%	72%	5%
Philippines	7%	39%	58%	3%
Poland	12%	37%	39%	24%
Portugal	0%	0%	98%	2%
Romania	15%	34%	63%	3%
Russian Federation	2%	21%	71%	9%
Serbia & Montenegro	2%	16%	82%	3%
Singapore	1%	7%	92%	1%
Slovak Republic	2%	8%	85%	7%
Slovenia	2%	5%	95%	0%
South Africa	12%	55%	41%	4%
Spain	2%	3%	95%	2%
Sri Lanka	6%	21%	73%	6%
Sweden	0%	0%	100%	0%
Switzerland	0%	1%	99%	0%
Taiwan	2%	8%	86%	5%
Tanzania	50%	84%	13%	3%
Thailand	15%	29%	71%	0%
Trinidad & Tobago	8%	22%	77%	1%
Tunisia	4%	13%	76%	11%
Turkey	1%	6%	92%	2%
Uganda	30%	63%	29%	8%
Ukraine	4%	48%	50%	2%
United Arab Emirates	4%	10%	83%	7%
United Kingdom	0%	15%	83%	2%
United States	1%	10%	89%	1%
Uruguay	0%	3%	97%	0%
Venezuela	4%	15%	81%	4%
Vietnam	12%	38%	57%	5%
Zambia	49%	71%	16%	12%
Zimbabwe	43%	83%	17%	0%
Income group subtotal				
Low income	22%	57%	38%	5%
Lower middle income	5%	23%	72%	5%
Upper middle income	4%	16%	80%	4%
High income	1%	6%	92%	3%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	4%	15%	81%	4%
Prevalence 1 - 4%	13%	39%	55%	6%
Prevalence 5 - 9%	24%	64%	31%	4%
Prevalence 10 - 14%	29%	77%	16%	7%
Prevalence 15 - 19%	49%	71%	16%	12%
Prevalence >20%	19%	61%	37%	3%
Prevalence unclassified	4%	12%	84%	4%
Regional subtotal				
Caribbean	6%	18%	80%	2%
East Asia	4%	23%	76%	1%
Eastern Europe & Central Asia	5%	21%	74%	5%
Latin America	4%	14%	83%	3%
North Africa & Middle East	4%	13%	83%	4%
Oceania	1%	4%	96%	0%
North America	1%	8%	91%	1%
South & South-East Asia	6%	30%	67%	3%
Sub-Saharan Africa	25%	63%	32%	6%
Western Europe	1%	4%	90%	6%
Overall	**8%**	**25%**	**71%**	**4%**

Table 9: How serious do you consider the future impact of HIV/AIDS on your company in the next five years?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	4%	21%	74%	4%
Angola	24%	67%	24%	9%
Argentina	1%	29%	71%	0%
Australia	3%	17%	83%	0%
Austria	1%	7%	83%	10%
Bahrain	7%	18%	80%	2%
Bangladesh	8%	36%	60%	4%
Belgium	0%	16%	82%	3%
Bolivia	10%	36%	59%	5%
Bosnia and Herzegovina	8%	31%	68%	1%
Botswana	78%	94%	3%	4%
Brazil	3%	28%	71%	1%
Bulgaria	5%	22%	73%	5%
Canada	3%	29%	71%	0%
Chad	62%	85%	9%	6%
Chile	3%	36%	63%	1%
China	9%	40%	60%	0%
Colombia	0%	48%	50%	2%
Costa Rica	2%	19%	81%	0%
Croatia	9%	30%	69%	1%
Cyprus	6%	23%	77%	0%
Czech Republic	3%	15%	74%	11%
Denmark	4%	4%	96%	0%
Dominican Republic	17%	48%	48%	5%
Ecuador	8%	35%	63%	2%
Egypt	10%	18%	78%	4%
El Salvador	13%	40%	52%	8%
Estonia	5%	35%	64%	2%
Ethiopia	44%	82%	11%	7%
Finland	0%	5%	95%	0%
France	2%	26%	72%	2%
Gambia	29%	66%	24%	10%
Georgia	10%	37%	60%	3%
Germany	0%	3%	97%	0%
Ghana	23%	72%	21%	7%
Greece	7%	16%	78%	5%
Guatemala	15%	48%	49%	2%
Honduras	19%	50%	46%	4%
Hong Kong	5%	10%	90%	0%
Hungary	3%	22%	77%	1%
Iceland	0%	0%	100%	0%
India	16%	50%	48%	2%
Indonesia	15%	97%	3%	0%
Ireland	3%	18%	83%	0%
Israel	0%	0%	100%	0%
Italy	1%	17%	79%	4%
Jamaica	36%	71%	26%	3%
Japan	9%	35%	65%	0%
Jordan	0%	8%	88%	4%
Kenya	47%	83%	14%	3%
Korea	4%	26%	73%	1%
Latvia	10%	37%	54%	9%
Lithuania	7%	31%	69%	0%
Luxembourg	3%	10%	87%	3%
Macedonia, FYR	5%	18%	51%	31%
Madagascar	30%	64%	31%	5%
Malawi	58%	94%	6%	0%
Malaysia	1%	40%	57%	3%
Mali	26%	67%	17%	17%
Malta	0%	10%	70%	19%
Mauritius	6%	26%	74%	0%
Mexico	4%	27%	72%	1%
Morocco	10%	29%	66%	6%
Mozambique	57%	85%	9%	6%
Namibia	55%	87%	13%	0%
Netherlands	0%	11%	87%	2%
New Zealand	2%	16%	84%	0%
Nicaragua	10%	30%	64%	6%
Nigeria	19%	57%	38%	6%
Norway	0%	0%	100%	0%
Pakistan	7%	53%	47%	0%
Panama	13%	42%	55%	3%
Paraguay	8%	42%	55%	4%
Peru	6%	28%	66%	6%
Philippines	10%	34%	61%	5%
Poland	12%	35%	37%	29%
Portugal	0%	7%	88%	5%
Romania	15%	32%	65%	3%
Russian Federation	6%	29%	60%	11%
Serbia & Montenegro	4%	25%	72%	3%
Singapore	1%	16%	83%	1%
Slovak Republic	3%	15%	78%	7%
Slovenia	2%	9%	91%	0%
South Africa	51%	84%	12%	4%
Spain	3%	10%	88%	2%
Sri Lanka	13%	34%	61%	5%
Sweden	0%	5%	95%	0%
Switzerland	1%	25%	75%	0%
Taiwan	2%	17%	78%	5%
Tanzania	74%	92%	7%	2%
Thailand	17%	50%	50%	0%
Trinidad & Tobago	31%	77%	22%	1%
Tunisia	3%	14%	74%	13%
Turkey	3%	16%	82%	2%
Uganda	45%	82%	10%	8%
Ukraine	5%	46%	52%	2%
United Arab Emirates	5%	19%	74%	7%
United Kingdom	2%	26%	72%	2%
United States	6%	38%	61%	1%
Uruguay	0%	22%	76%	2%
Venezuela	9%	36%	57%	8%
Vietnam	16%	44%	50%	6%
Zambia	65%	84%	6%	10%
Zimbabwe	80%	97%	0%	3%
Income group subtotal				
Low income	35%	68%	27%	5%
Lower middle income	10%	34%	61%	5%
Upper middle income	10%	35%	61%	4%
High income	3%	17%	80%	3%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	6%	27%	70%	4%
Prevalence 1 - 4%	25%	58%	36%	6%
Prevalence 5 - 9%	41%	73%	23%	4%
Prevalence 10 - 14%	57%	88%	8%	4%
Prevalence 15 - 19%	65%	84%	6%	10%
Prevalence >20%	66%	90%	7%	3%
Prevalence unclassified	4%	20%	76%	4%
Regional subtotal				
Caribbean	29%	67%	30%	3%
East Asia	7%	31%	68%	1%
Eastern Europe & Central Asia	7%	29%	65%	6%
Latin America	7%	35%	62%	3%
North Africa & Middle East	5%	18%	77%	4%
Oceania	2%	17%	83%	0%
North America	4%	33%	66%	1%
South & South-East Asia	9%	41%	56%	3%
Sub-Saharan Africa	45%	77%	18%	6%
Western Europe	2%	13%	80%	6%
Overall	**14%**	**37%**	**58%**	**4%**

Table 10: How serious do you consider the current impact of HIV/AIDS in the local communities in which your company operates?

Country	Expect serious impact	Expect some impact	Do not expect impact	No response
Algeria	3%	20%	76%	4%
Angola	15%	63%	30%	7%
Argentina	1%	37%	60%	3%
Australia	3%	21%	79%	0%
Austria	0%	8%	68%	24%
Bahrain	2%	11%	84%	5%
Bangladesh	8%	25%	73%	2%
Belgium	0%	16%	82%	3%
Bolivia	4%	32%	65%	3%
Bosnia and Herzegovina	4%	27%	73%	0%
Botswana	73%	96%	0%	4%
Brazil	6%	42%	57%	1%
Bulgaria	5%	25%	69%	5%
Canada	4%	23%	77%	0%
Chad	56%	89%	6%	5%
Chile	2%	21%	76%	2%
China	6%	37%	63%	0%
Colombia	9%	63%	37%	0%
Costa Rica	2%	25%	73%	1%
Croatia	5%	30%	69%	1%
Cyprus	5%	26%	70%	4%
Czech Republic	1%	10%	77%	13%
Denmark	0%	4%	96%	0%
Dominican Republic	3%	56%	38%	6%
Ecuador	3%	38%	57%	5%
Egypt	0%	3%	1%	96%
El Salvador	4%	38%	52%	10%
Estonia	16%	78%	20%	2%
Ethiopia	57%	87%	4%	9%
Finland	2%	5%	95%	0%
France	0%	20%	77%	3%
Gambia	23%	71%	20%	8%
Georgia	4%	26%	73%	1%
Germany	0%	8%	91%	2%
Ghana	20%	79%	15%	7%
Greece	5%	16%	77%	7%
Guatemala	8%	51%	44%	5%
Honduras	26%	79%	16%	4%
Hong Kong	3%	10%	90%	0%
Hungary	4%	22%	78%	0%
Iceland	0%	0%	100%	0%
India	14%	66%	30%	4%
Indonesia	13%	90%	10%	0%
Ireland	0%	13%	85%	3%
Israel	0%	0%	100%	0%
Italy	1%	33%	61%	5%
Jamaica	27%	74%	26%	0%
Japan	5%	26%	74%	0%
Jordan	3%	9%	84%	7%
Kenya	58%	89%	6%	5%
Korea	3%	24%	74%	2%
Latvia	6%	43%	43%	14%
Lithuania	6%	32%	66%	2%
Luxembourg	0%	3%	87%	10%
Macedonia, FYR	11%	28%	56%	17%
Madagascar	16%	54%	38%	8%
Malawi	72%	94%	3%	3%
Malaysia	2%	48%	48%	3%
Mali	21%	67%	24%	10%
Malta	1%	15%	66%	19%
Mauritius	3%	29%	71%	0%
Mexico	3%	27%	72%	1%
Morocco	4%	26%	63%	11%
Mozambique	56%	91%	4%	5%
Namibia	65%	97%	3%	0%
Netherlands	1%	9%	88%	3%
New Zealand	0%	11%	89%	0%
Nicaragua	3%	33%	64%	3%
Nigeria	21%	69%	21%	10%
Norway	0%	4%	96%	0%
Pakistan	3%	41%	56%	3%
Panama	6%	57%	41%	2%
Paraguay	6%	39%	58%	2%
Peru	4%	29%	66%	5%
Philippines	5%	34%	58%	8%
Poland	6%	31%	39%	31%
Portugal	2%	26%	64%	10%
Romania	9%	23%	67%	9%
Russian Federation	6%	28%	63%	9%
Serbia & Montenegro	5%	20%	76%	4%
Singapore	1%	13%	86%	1%
Slovak Republic	0%	3%	92%	5%
Slovenia	0%	3%	94%	3%
South Africa	58%	92%	4%	4%
Spain	3%	22%	76%	2%
Sri Lanka	6%	32%	62%	6%
Sweden	0%	15%	85%	0%
Switzerland	1%	14%	85%	1%
Taiwan	2%	17%	80%	3%
Tanzania	54%	84%	4%	11%
Thailand	13%	42%	58%	0%
Trinidad & Tobago	41%	81%	19%	0%
Tunisia	3%	8%	78%	14%
Turkey	4%	14%	82%	4%
Uganda	57%	89%	2%	9%
Ukraine	9%	43%	54%	3%
United Arab Emirates	5%	19%	73%	8%
United Kingdom	9%	28%	68%	4%
United States	6%	51%	45%	4%
Uruguay	2%	17%	76%	7%
Venezuela	8%	34%	53%	13%
Vietnam	14%	57%	37%	6%
Zambia	69%	82%	4%	14%
Zimbabwe	80%	100%	0%	0%
Income group subtotal				
Low income	33%	70%	23%	7%
Lower middle income	8%	34%	58%	8%
Upper middle income	9%	37%	58%	5%
High income	2%	18%	78%	4%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	4%	26%	67%	6%
Prevalence 1 - 4%	24%	61%	33%	6%
Prevalence 5 - 9%	40%	78%	13%	9%
Prevalence 10 - 14%	61%	92%	3%	4%
Prevalence 15 - 19%	69%	82%	4%	14%
Prevalence >20%	68%	95%	2%	3%
Prevalence unclassified	4%	21%	74%	5%
Regional subtotal				
Caribbean	25%	71%	27%	2%
East Asia	5%	28%	71%	1%
Eastern Europe & Central Asia	5%	28%	65%	7%
Latin America	5%	38%	59%	4%
North Africa & Middle East	3%	15%	68%	17%
Oceania	2%	17%	83%	0%
North America	5%	35%	63%	2%
South & South-East Asia	7%	41%	56%	3%
Sub-Saharan Africa	45%	80%	13%	7%
Western Europe	2%	16%	77%	7%
Overall	**12%**	**38%**	**55%**	**6%**

Table 11: What percentage of your employees would you estimate to be HIV positive?

Country	<1%	1 - 4%	5 – 9%	10 – 14%	15 – 19%	>20%	Don't know or no response
Algeria	17%	0%	0%	0%	0%	0%	83%
Angola	17%	4%	0%	2%	0%	2%	74%
Argentina	24%	4%	0%	1%	0%	1%	69%
Australia	50%	2%	0%	0%	0%	0%	48%
Austria	30%	0%	0%	0%	0%	0%	70%
Bahrain	20%	0%	0%	0%	0%	0%	80%
Bangladesh	22%	0%	0%	0%	0%	0%	78%
Belgium	61%	3%	0%	0%	0%	0%	37%
Bolivia	22%	0%	0%	0%	0%	1%	77%
Bosnia & Herzegovina	40%	0%	0%	0%	0%	0%	60%
Botswana	5%	10%	10%	3%	9%	13%	51%
Brazil	42%	3%	3%	0%	0%	0%	52%
Bulgaria	24%	0%	0%	0%	0%	0%	76%
Canada	42%	5%	0%	0%	0%	0%	53%
Chad	5%	1%	2%	0%	0%	0%	92%
Chile	33%	1%	1%	0%	0%	1%	64%
China	28%	0%	1%	0%	0%	1%	70%
Colombia	41%	0%	0%	0%	0%	0%	59%
Costa Rica	39%	1%	0%	0%	0%	0%	60%
Croatia	0%	0%	0%	0%	0%	5%	95%
Cyprus	47%	1%	0%	0%	0%	0%	52%
Czech Republic	29%	0%	0%	0%	0%	0%	71%
Denmark	88%	0%	0%	0%	0%	0%	12%
Dominican Republic	29%	2%	2%	0%	0%	2%	67%
Ecuador	29%	2%	0%	0%	0%	2%	67%
Egypt	1%	0%	0%	0%	0%	0%	99%
El Salvador	23%	0%	0%	2%	0%	0%	75%
Estonia	42%	0%	0%	0%	0%	0%	58%
Ethiopia	8%	6%	7%	4%	1%	1%	73%
Finland	73%	0%	0%	0%	0%	0%	27%
France	33%	7%	0%	0%	0%	0%	60%
Gambia	7%	4%	0%	0%	0%	0%	89%
Georgia	42%	0%	0%	0%	0%	1%	56%
Germany	55%	2%	0%	0%	0%	0%	43%
Ghana	13%	8%	0%	0%	0%	0%	79%
Greece	47%	0%	0%	0%	0%	0%	53%
Guatemala	20%	1%	0%	0%	0%	1%	78%
Honduras	18%	0%	1%	0%	0%	4%	76%
Hong Kong	38%	0%	0%	0%	0%	0%	63%
Hungary	41%	0%	0%	0%	0%	0%	59%
Iceland	68%	0%	0%	0%	0%	0%	32%
India	36%	9%	2%	0%	0%	0%	54%
Indonesia	36%	10%	3%	0%	0%	0%	51%
Ireland	55%	0%	0%	0%	0%	0%	45%
Israel	65%	0%	0%	0%	0%	0%	35%
Italy	34%	1%	0%	0%	0%	0%	65%
Jamaica	21%	10%	1%	1%	0%	0%	67%
Japan	51%	0%	0%	0%	0%	0%	49%
Jordan	48%	0%	0%	0%	0%	0%	52%
Kenya	10%	12%	11%	2%	2%	0%	63%
Korea	59%	1%	0%	0%	0%	0%	40%
Latvia	24%	0%	0%	0%	0%	0%	76%
Lithuania	19%	1%	0%	0%	0%	0%	80%
Luxembourg	37%	0%	0%	0%	0%	0%	63%
Macedonia, FYR	14%	0%	0%	0%	0%	0%	86%
Madagascar	18%	2%	1%	0%	0%	0%	79%
Malawi	8%	6%	6%	6%	11%	3%	61%
Malaysia	18%	1%	0%	0%	0%	0%	81%
Mali	10%	0%	0%	0%	0%	0%	90%
Malta	37%	1%	0%	0%	0%	0%	61%
Mauritius	53%	0%	0%	0%	0%	0%	47%
Mexico	30%	2%	0%	0%	0%	1%	66%
Morocco	14%	1%	1%	1%	0%	0%	84%
Mozambique	5%	11%	3%	9%	1%	4%	67%
Namibia	16%	26%	6%	19%	6%	6%	19%
Netherlands	49%	7%	0%	0%	0%	0%	45%
New Zealand	64%	0%	0%	0%	0%	0%	36%
Nicaragua	26%	1%	0%	0%	0%	0%	73%
Nigeria	12%	3%	2%	0%	0%	0%	82%
Norway	78%	0%	0%	0%	0%	0%	22%
Pakistan	19%	10%	0%	0%	0%	0%	71%
Panama	22%	1%	0%	0%	1%	0%	76%
Paraguay	19%	1%	0%	1%	0%	1%	77%
Peru	25%	1%	0%	0%	0%	0%	73%
Philippines	34%	0%	0%	0%	0%	0%	66%
Poland	14%	0%	2%	2%	0%	2%	80%
Portugal	33%	0%	0%	0%	0%	0%	67%
Romania	27%	0%	0%	0%	0%	0%	73%
Russian Federation	24%	2%	0%	0%	0%	0%	74%
Serbia & Montenegro	24%	1%	0%	0%	0%	0%	75%
Singapore	43%	4%	0%	0%	0%	0%	53%
Slovak Republic	32%	0%	0%	0%	0%	0%	68%
Slovenia	48%	0%	0%	0%	0%	0%	52%
South Africa	10%	25%	21%	21%	3%	5%	16%
Spain	34%	2%	2%	0%	0%	0%	63%
Sri Lanka	43%	0%	1%	0%	0%	0%	56%
Sweden	55%	0%	0%	0%	0%	0%	45%
Switzerland	53%	6%	0%	0%	0%	0%	42%
Taiwan	39%	0%	0%	0%	0%	0%	61%
Tanzania	15%	6%	2%	4%	2%	1%	70%
Thailand	35%	2%	0%	0%	0%	0%	63%
Trinidad & Tobago	27%	8%	4%	0%	0%	0%	62%
Tunisia	26%	0%	0%	0%	0%	0%	74%
Turkey	40%	0%	0%	0%	0%	0%	60%
Uganda	10%	9%	9%	4%	4%	2%	63%
Ukraine	17%	1%	0%	0%	0%	0%	82%
United Arab Emirates	48%	0%	0%	0%	0%	0%	52%
United Kingdom	55%	4%	4%	0%	0%	0%	36%
United States	40%	14%	1%	0%	0%	0%	44%
Uruguay	37%	0%	0%	0%	0%	0%	63%
Venezuela	34%	2%	0%	0%	0%	2%	62%
Vietnam	18%	0%	0%	0%	0%	0%	82%
Zambia	8%	6%	6%	10%	4%	2%	63%
Zimbabwe	3%	0%	7%	10%	10%	50%	20%
Income group subtotal							
Low income	15%	5%	3%	2%	1%	1%	73%
Lower middle income	25%	2%	1%	1%	0%	1%	70%
Upper middle income	26%	2%	1%	0%	0%	1%	70%
High income	47%	2%	0%	0%	0%	0%	50%
UNAIDS HIV prevalence subtotal							
Prevalence <1%	33%	1%	0%	0%	0%	0%	65%
Prevalence 1 - 4%	18%	3%	2%	1%	0%	1%	75%
Prevalence 5 - 9%	12%	6%	4%	2%	2%	0%	74%
Prevalence 10 - 14%	6%	10%	3%	8%	4%	3%	65%
Prevalence 15 - 19%	8%	6%	6%	10%	4%	2%	63%
Prevalence >20%	8%	16%	13%	12%	7%	15%	30%
Preval. unclassified	45%	0%	0%	0%	0%	0%	54%
Regional subtotal							
Caribbean	25%	7%	2%	0%	0%	0%	65%
East Asia	40%	0%	0%	0%	0%	0%	59%
East. Europe & Central Asia	26%	1%	0%	0%	0%	0%	73%
Latin America	28%	1%	0%	0%	0%	1%	69%
North Africa & Middle East	30%	0%	0%	0%	0%	0%	69%
Oceania	56%	1%	0%	0%	0%	0%	43%
North America	41%	9%	1%	0%	0%	0%	49%
South & South-East Asia	30%	3%	0%	0%	0%	0%	67%
Sub-Saharan Africa	11%	7%	5%	4%	2%	3%	69%
Western Europe	44%	2%	0%	0%	0%	0%	54%
Overall	**28%**	**3%**	**1%**	**1%**	**0%**	**1%**	**66%**

Table 12: Is your prevalence estimate based on the result of a quantitative HIV/AIDS risk assessment (e.g., company based testing, actuarial calculation)?

Country	Based on a study	Not based on a study	No response
Algeria	6%	61%	33%
Angola	17%	30%	52%
Argentina	13%	63%	24%
Australia	3%	85%	12%
Austria	1%	56%	43%
Bahrain	9%	57%	34%
Bangladesh	9%	72%	19%
Belgium	5%	82%	13%
Bolivia	13%	62%	25%
Bosnia and Herzegovina	9%	89%	1%
Botswana	9%	57%	34%
Brazil	13%	70%	17%
Bulgaria	14%	68%	18%
Canada	1%	79%	20%
Chad	7%	64%	30%
Chile	12%	69%	18%
China	34%	66%	0%
Colombia	33%	39%	28%
Costa Rica	12%	71%	17%
Croatia	17%	74%	9%
Cyprus	7%	91%	1%
Czech Republic	18%	66%	16%
Denmark	0%	100%	0%
Dominican Republic	19%	48%	33%
Ecuador	29%	52%	19%
Egypt	1%	1%	98%
El Salvador	15%	48%	38%
Estonia	16%	65%	18%
Ethiopia	9%	55%	36%
Finland	10%	83%	8%
France	5%	58%	37%
Gambia	11%	41%	48%
Georgia	10%	71%	19%
Germany	5%	82%	14%
Ghana	16%	43%	41%
Greece	1%	68%	30%
Guatemala	9%	66%	25%
Honduras	22%	54%	24%
Hong Kong	0%	83%	18%
Hungary	0%	86%	14%
Iceland	8%	80%	12%
India	16%	59%	25%
Indonesia	64%	33%	3%
Ireland	5%	85%	10%
Israel	6%	88%	6%
Italy	3%	74%	23%
Jamaica	11%	71%	18%
Japan	6%	71%	22%
Jordan	15%	64%	21%
Kenya	13%	50%	37%
Korea	52%	30%	18%
Latvia	7%	75%	19%
Lithuania	5%	94%	1%
Luxembourg	0%	73%	27%
Macedonia, FYR	16%	57%	27%
Madagascar	9%	61%	30%
Malawi	8%	50%	42%
Malaysia	12%	75%	13%
Mali	10%	33%	57%
Malta	10%	63%	27%
Mauritius	6%	82%	12%
Mexico	25%	54%	21%
Morocco	7%	51%	42%
Mozambique	10%	52%	38%
Namibia	32%	58%	10%
Netherlands	4%	87%	9%
New Zealand	0%	82%	18%
Nicaragua	10%	59%	31%
Nigeria	18%	46%	36%
Norway	9%	74%	17%
Pakistan	3%	40%	58%
Panama	23%	53%	23%
Paraguay	13%	61%	26%
Peru	22%	43%	35%
Philippines	15%	71%	14%
Poland	8%	47%	45%
Portugal	10%	57%	33%
Romania	21%	65%	13%
Russian Federation	12%	74%	14%
Serbia & Montenegro	8%	83%	10%
Singapore	20%	65%	14%
Slovak Republic	22%	55%	23%
Slovenia	8%	85%	8%
South Africa	53%	36%	11%
Spain	24%	59%	17%
Sri Lanka	7%	67%	26%
Sweden	15%	70%	15%
Switzerland	3%	88%	10%
Taiwan	24%	68%	8%
Tanzania	5%	75%	20%
Thailand	33%	50%	17%
Trinidad & Tobago	6%	76%	18%
Tunisia	17%	57%	26%
Turkey	11%	74%	15%
Uganda	17%	57%	26%
Ukraine	11%	77%	12%
United Arab Emirates	40%	36%	24%
United Kingdom	4%	85%	11%
United States	6%	71%	23%
Uruguay	8%	75%	17%
Venezuela	30%	36%	34%
Vietnam	61%	17%	22%
Zambia	12%	67%	20%
Zimbabwe	23%	63%	13%
Income group subtotal			
Low income	15%	53%	32%
Lower middle income	16%	62%	22%
Upper middle income	12%	70%	18%
High income	11%	70%	19%
UNAIDS HIV prevalence group subtotal			
Prevalence <1%	14%	65%	21%
Prevalence 1 - 4%	13%	62%	26%
Prevalence 5 - 9%	13%	55%	32%
Prevalence 10 - 14%	10%	51%	39%
Prevalence 15 - 19%	12%	67%	20%
Prevalence >20%	30%	51%	20%
Prevalence unclassified	24%	64%	12%
Regional subtotal			
Caribbean	12%	66%	22%
East Asia	31%	60%	10%
Eastern Europe & Central Asia	11%	75%	14%
Latin America	17%	59%	24%
North Africa & Middle East	12%	57%	32%
Oceania	2%	83%	15%
North America	3%	76%	21%
South & South-East Asia	23%	56%	21%
Sub-Saharan Africa	14%	54%	32%
Western Europe	7%	72%	21%
Overall	**14%**	**64%**	**22%**

Table 13: How would you describe the average prevalence of HIV in your workforce relative to the rest of the country?

Country	Higher in workforce than country	Prevalen-ces are the same	Higher in country than workforce	No response
Algeria	0%	10%	39%	51%
Angola	0%	9%	39%	52%
Argentina	0%	22%	57%	21%
Australia	2%	48%	27%	23%
Austria	1%	33%	24%	41%
Bahrain	5%	30%	18%	48%
Bangladesh	11%	27%	18%	45%
Belgium	3%	45%	29%	24%
Bolivia	0%	23%	27%	50%
Bosnia and Herzegovina	1%	9%	80%	9%
Botswana	4%	48%	29%	19%
Brazil	0%	10%	70%	20%
Bulgaria	3%	24%	25%	47%
Canada	0%	39%	44%	17%
Chad	0%	5%	70%	26%
Chile	1%	34%	46%	20%
China	0%	11%	87%	2%
Colombia	4%	17%	48%	30%
Costa Rica	1%	35%	45%	19%
Croatia	2%	31%	56%	11%
Cyprus	4%	68%	26%	2%
Czech Republic	2%	42%	22%	35%
Denmark	0%	56%	36%	8%
Dominican Republic	3%	8%	57%	32%
Ecuador	3%	16%	55%	26%
Egypt	0%	2%	1%	97%
El Salvador	0%	15%	54%	31%
Estonia	2%	2%	75%	22%
Ethiopia	7%	19%	36%	38%
Finland	0%	59%	24%	17%
France	0%	30%	48%	22%
Gambia	6%	17%	28%	49%
Georgia	0%	35%	32%	33%
Germany	2%	38%	42%	18%
Ghana	2%	8%	36%	54%
Greece	1%	42%	25%	32%
Guatemala	2%	31%	45%	23%
Honduras	3%	18%	56%	24%
Hong Kong	8%	43%	20%	30%
Hungary	0%	23%	54%	23%
Iceland	0%	48%	28%	24%
India	0%	16%	57%	27%
Indonesia	8%	28%	62%	3%
Ireland	0%	48%	35%	18%
Israel	0%	41%	41%	18%
Italy	0%	26%	36%	38%
Jamaica	1%	9%	61%	29%
Japan	1%	22%	56%	21%
Jordan	1%	36%	20%	43%
Kenya	6%	38%	37%	19%
Korea	0%	5%	77%	19%
Latvia	2%	23%	43%	32%
Lithuania	1%	22%	72%	6%
Luxembourg	3%	30%	47%	20%
Macedonia, FYR	4%	9%	25%	62%
Madagascar	0%	10%	56%	34%
Malawi	0%	14%	50%	36%
Malaysia	1%	35%	52%	12%
Mali	0%	5%	55%	40%
Malta	3%	42%	15%	40%
Mauritius	0%	32%	38%	29%
Mexico	0%	26%	52%	22%
Morocco	4%	14%	38%	44%
Mozambique	1%	22%	47%	30%
Namibia	6%	13%	71%	10%
Netherlands	0%	43%	44%	14%
New Zealand	0%	49%	35%	16%
Nicaragua	0%	17%	44%	39%
Nigeria	2%	10%	48%	40%
Norway	0%	65%	26%	9%
Pakistan	0%	12%	23%	64%
Panama	2%	12%	62%	24%
Paraguay	4%	17%	42%	38%
Peru	1%	16%	42%	41%
Philippines	0%	8%	69%	22%
Poland	4%	12%	22%	61%
Portugal	0%	21%	40%	38%
Romania	1%	10%	55%	34%
Russian Federation	2%	9%	49%	40%
Serbia & Montenegro	2%	12%	56%	30%
Singapore	1%	44%	35%	20%
Slovak Republic	0%	18%	53%	28%
Slovenia	3%	29%	42%	26%
South Africa	1%	25%	70%	4%
Spain	2%	42%	46%	10%
Sri Lanka	2%	24%	33%	40%
Sweden	0%	45%	35%	20%
Switzerland	0%	35%	44%	21%
Taiwan	3%	32%	47%	17%
Tanzania	5%	19%	25%	52%
Thailand	8%	25%	44%	23%
Trinidad & Tobago	0%	15%	56%	28%
Tunisia	0%	11%	38%	51%
Turkey	2%	33%	33%	32%
Uganda	16%	24%	32%	28%
Ukraine	1%	5%	47%	48%
United Arab Emirates	1%	38%	23%	38%
United Kingdom	0%	47%	36%	17%
United States	1%	26%	55%	18%
Uruguay	0%	25%	53%	22%
Venezuela	0%	19%	51%	30%
Vietnam	2%	4%	73%	21%
Zambia	2%	16%	55%	27%
Zimbabwe	7%	47%	40%	7%
Income group subtotal				
Low income	4%	17%	44%	36%
Lower middle income	2%	16%	48%	35%
Upper middle income	1%	26%	50%	23%
High income	1%	37%	39%	23%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	1%	25%	45%	29%
Prevalence 1 - 4%	3%	13%	50%	35%
Prevalence 5 - 9%	4%	20%	39%	38%
Prevalence 10 - 14%	1%	19%	48%	32%
Prevalence 15 - 19%	2%	16%	55%	27%
Prevalence >20%	4%	35%	51%	11%
Prevalence unclassified	3%	47%	30%	20%
Regional subtotal				
Caribbean	1%	11%	58%	29%
East Asia	1%	15%	71%	12%
Eastern Europe & Central Asia	2%	19%	49%	31%
Latin America	1%	22%	49%	28%
North Africa & Middle East	2%	27%	28%	44%
Oceania	1%	49%	31%	20%
North America	1%	33%	49%	17%
South & South-East Asia	3%	24%	45%	28%
Sub-Saharan Africa	4%	19%	45%	33%
Western Europe	1%	37%	34%	28%
Overall	**2%**	**23%**	**45%**	**30%**

Table 14: What is the state of your company's HIV/AIDS policy?

Country	No policy	Informal company policy	Written HIV/AIDS specific policy	No response
Algeria	84%	0%	3%	12%
Angola	72%	11%	7%	11%
Argentina	72%	16%	6%	6%
Australia	68%	23%	3%	6%
Austria	62%	1%	4%	32%
Bahrain	77%	2%	7%	14%
Bangladesh	74%	14%	4%	8%
Belgium	82%	8%	3%	8%
Bolivia	85%	7%	2%	7%
Bosnia and Herzegovina	85%	8%	1%	5%
Botswana	34%	29%	22%	15%
Brazil	41%	28%	19%	13%
Bulgaria	85%	5%	2%	8%
Canada	66%	19%	8%	8%
Chad	62%	19%	8%	12%
Chile	75%	15%	7%	3%
China	76%	19%	4%	1%
Colombia	70%	17%	7%	7%
Costa Rica	86%	4%	5%	6%
Croatia	75%	15%	0%	9%
Cyprus	95%	5%	0%	0%
Czech Republic	66%	12%	3%	19%
Denmark	72%	16%	12%	0%
Dominican Republic	60%	14%	14%	11%
Ecuador	75%	17%	4%	4%
Egypt	5%	0%	0%	95%
El Salvador	79%	8%	6%	6%
Estonia	85%	4%	2%	9%
Ethiopia	72%	11%	8%	9%
Finland	81%	10%	3%	6%
France	85%	3%	5%	7%
Gambia	64%	10%	8%	18%
Georgia	79%	13%	1%	6%
Germany	75%	5%	5%	15%
Ghana	56%	15%	18%	11%
Greece	73%	12%	4%	11%
Guatemala	82%	8%	6%	3%
Honduras	65%	19%	9%	7%
Hong Kong	65%	13%	13%	10%
Hungary	96%	1%	0%	3%
Iceland	92%	0%	0%	8%
India	54%	23%	18%	5%
Indonesia	56%	10%	26%	8%
Ireland	78%	18%	0%	5%
Israel	88%	6%	0%	6%
Italy	77%	5%	1%	17%
Jamaica	63%	20%	10%	7%
Japan	65%	10%	14%	10%
Jordan	79%	8%	3%	11%
Kenya	53%	31%	11%	5%
Korea	70%	14%	5%	11%
Latvia	73%	7%	1%	19%
Lithuania	83%	15%	1%	1%
Luxembourg	80%	10%	3%	7%
Macedonia, FYR	93%	5%	3%	0%
Madagascar	59%	24%	11%	6%
Malawi	61%	14%	22%	3%
Malaysia	56%	9%	16%	19%
Mali	64%	19%	0%	17%
Malta	73%	6%	3%	18%
Mauritius	74%	9%	12%	6%
Mexico	79%	9%	6%	7%
Morocco	74%	2%	2%	22%
Mozambique	53%	25%	11%	10%
Namibia	16%	29%	55%	0%
Netherlands	75%	9%	8%	9%
New Zealand	85%	5%	4%	5%
Nicaragua	90%	3%	0%	7%
Nigeria	67%	13%	6%	14%
Norway	91%	4%	0%	4%
Pakistan	92%	0%	3%	5%
Panama	71%	19%	7%	3%
Paraguay	79%	11%	0%	11%
Peru	70%	13%	4%	14%
Philippines	56%	29%	7%	8%
Poland	55%	2%	0%	43%
Portugal	83%	5%	0%	12%
Romania	80%	12%	2%	6%
Russian Federation	78%	5%	4%	13%
Serbia & Montenegro	80%	1%	1%	18%
Singapore	71%	15%	5%	9%
Slovak Republic	82%	5%	0%	13%
Slovenia	92%	2%	0%	6%
South Africa	7%	14%	77%	3%
Spain	88%	3%	2%	7%
Sri Lanka	79%	13%	1%	6%
Sweden	65%	5%	10%	20%
Switzerland	78%	15%	0%	7%
Taiwan	66%	19%	7%	8%
Tanzania	59%	14%	14%	13%
Thailand	50%	27%	13%	10%
Trinidad & Tobago	63%	15%	12%	10%
Tunisia	67%	7%	0%	26%
Turkey	88%	7%	1%	4%
Uganda	58%	22%	11%	10%
Ukraine	77%	5%	7%	11%
United Arab Emirates	55%	11%	15%	19%
United Kingdom	49%	23%	19%	9%
United States	45%	24%	15%	15%
Uruguay	86%	10%	0%	3%
Venezuela	58%	17%	11%	13%
Vietnam	60%	24%	8%	8%
Zambia	59%	20%	14%	6%
Zimbabwe	27%	37%	37%	0%
Income group subtotal				
Low income	64%	17%	10%	10%
Lower middle income	72%	10%	6%	12%
Upper middle income	73%	12%	5%	10%
High income	73%	10%	6%	11%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	74%	11%	4%	11%
Prevalence 1 - 4%	68%	13%	8%	10%
Prevalence 5 - 9%	61%	18%	9%	11%
Prevalence 10 - 14%	56%	22%	15%	8%
Prevalence 15 - 19%	59%	20%	14%	6%
Prevalence >20%	21%	25%	47%	7%
Prevalence unclassified	72%	11%	8%	9%
Regional subtotal				
Caribbean	62%	17%	12%	9%
East Asia	72%	16%	6%	6%
Eastern Europe & Central Asia	79%	7%	2%	12%
Latin America	75%	13%	6%	7%
North Africa & Middle East	71%	5%	3%	22%
Oceania	76%	15%	3%	6%
North America	56%	21%	11%	11%
South & South-East Asia	66%	16%	9%	9%
Sub-Saharan Africa	56%	19%	15%	10%
Western Europe	78%	8%	4%	11%
Overall	**71%**	**12%**	**7%**	**11%**

Table 15: Do you believe that your company's current policies and programmes are sufficient to effectively manage the impact of HIV/AIDS on your business in the next five years? (Only responses of companies at least having informal policies)

Country	Strongly confi-dent	Confi-dent	Neutral	Not confi-dent	Strongly lacking confi-dence	No res-ponse
Algeria	67%	67%	0%	33%	33%	0%
Angola	25%	50%	13%	38%	0%	0%
Argentina	40%	47%	20%	27%	0%	7%
Australia	82%	88%	0%	12%	12%	0%
Austria	80%	100%	0%	0%	0%	0%
Bahrain	75%	75%	25%	0%	0%	0%
Bangladesh	53%	60%	27%	13%	7%	0%
Belgium	50%	100%	0%	0%	0%	0%
Bolivia	38%	63%	25%	13%	13%	0%
Bosnia & Herzegovina	43%	71%	14%	14%	14%	0%
Botswana	18%	43%	20%	35%	15%	3%
Brazil	75%	81%	0%	16%	3%	3%
Bulgaria	13%	13%	25%	50%	13%	13%
Canada	67%	81%	11%	7%	4%	0%
Chad	18%	25%	13%	58%	48%	5%
Chile	29%	47%	21%	26%	11%	5%
China	44%	58%	25%	18%	4%	0%
Colombia	45%	45%	27%	27%	9%	0%
Costa Rica	29%	57%	14%	29%	29%	0%
Croatia	71%	76%	6%	18%	18%	0%
Cyprus	25%	25%	25%	25%	0%	25%
Czech Republic	53%	73%	13%	13%	0%	0%
Denmark	100%	100%	0%	0%	0%	0%
Dominican Republic	33%	44%	0%	50%	28%	6%
Ecuador	33%	37%	11%	48%	26%	4%
Egypt	-	-	-	-	-	-
El Salvador	29%	43%	14%	29%	29%	14%
Estonia	33%	33%	33%	33%	0%	0%
Ethiopia	6%	18%	12%	71%	59%	0%
Finland	100%	100%	0%	0%	0%	0%
France	43%	57%	14%	0%	0%	29%
Gambia	20%	47%	33%	20%	7%	0%
Georgia	27%	55%	27%	18%	9%	0%
Germany	83%	100%	0%	0%	0%	0%
Ghana	45%	60%	10%	30%	15%	0%
Greece	42%	67%	0%	25%	0%	8%
Guatemala	16%	26%	26%	42%	32%	5%
Honduras	21%	32%	5%	63%	32%	0%
Hong Kong	80%	80%	10%	10%	0%	0%
Hungary	0%	0%	0%	100%	100%	0%
Iceland	-	-	-	-	-	-
India	43%	78%	13%	9%	4%	0%
Indonesia	7%	50%	14%	36%	7%	0%
Ireland	43%	86%	14%	0%	0%	0%
Israel	100%	100%	0%	0%	0%	0%
Italy	83%	83%	0%	0%	0%	17%
Jamaica	33%	48%	15%	37%	15%	0%
Japan	37%	89%	5%	5%	5%	0%
Jordan	63%	63%	13%	0%	0%	25%
Kenya	10%	35%	21%	38%	21%	6%
Korea	29%	42%	21%	33%	17%	4%
Latvia	38%	69%	13%	19%	6%	0%
Lithuania	21%	29%	38%	33%	21%	0%
Luxembourg	75%	75%	0%	25%	0%	0%
Macedonia, FYR	88%	88%	0%	13%	0%	0%
Madagascar	18%	35%	24%	41%	29%	0%
Malawi	31%	38%	23%	38%	31%	0%
Malaysia	61%	87%	9%	0%	0%	4%
Mali	13%	25%	38%	25%	0%	13%
Malta	83%	100%	0%	0%	0%	0%
Mauritius	43%	71%	29%	0%	0%	0%
Mexico	38%	54%	15%	23%	0%	8%
Morocco	0%	0%	60%	0%	0%	40%
Mozambique	17%	41%	3%	52%	34%	3%
Namibia	38%	46%	31%	23%	0%	0%
Netherlands	76%	94%	6%	0%	0%	0%
New Zealand	80%	80%	0%	20%	0%	0%
Nicaragua	0%	50%	0%	50%	0%	0%
Nigeria	22%	51%	15%	24%	15%	10%
Norway	100%	100%	0%	0%	0%	0%
Pakistan	0%	0%	0%	100%	0%	0%
Panama	36%	45%	32%	23%	9%	0%
Paraguay	0%	11%	22%	67%	33%	0%
Peru	15%	31%	23%	31%	0%	15%
Philippines	52%	71%	14%	10%	5%	5%
Poland	0%	0%	0%	100%	100%	0%
Portugal	50%	50%	50%	0%	0%	0%
Romania	50%	57%	7%	36%	21%	0%
Russian Federation	42%	61%	16%	19%	13%	3%
Serbia & Montenegro	50%	50%	0%	50%	50%	0%
Singapore	65%	91%	0%	9%	9%	0%
Slovak Republic	67%	67%	0%	0%	0%	33%
Slovenia	100%	100%	0%	0%	0%	0%
South Africa	61%	89%	5%	6%	5%	0%
Spain	33%	67%	33%	0%	0%	0%
Sri Lanka	42%	67%	17%	17%	17%	0%
Sweden	67%	100%	0%	0%	0%	0%
Switzerland	82%	91%	0%	9%	0%	0%
Taiwan	73%	87%	7%	7%	0%	0%
Tanzania	41%	59%	9%	29%	18%	3%
Thailand	38%	52%	33%	14%	14%	0%
Trinidad & Tobago	33%	62%	14%	19%	14%	5%
Tunisia	60%	60%	20%	20%	0%	0%
Turkey	56%	72%	17%	0%	0%	11%
Uganda	25%	50%	14%	33%	19%	3%
Ukraine	17%	42%	42%	17%	17%	0%
United Arab Emirates	68%	73%	18%	9%	5%	0%
United Kingdom	85%	95%	5%	0%	0%	0%
United States	76%	85%	9%	6%	0%	0%
Uruguay	83%	100%	0%	0%	0%	0%
Venezuela	33%	53%	20%	20%	7%	7%
Vietnam	44%	50%	22%	22%	6%	6%
Zambia	18%	24%	24%	41%	29%	12%
Zimbabwe	14%	32%	14%	55%	27%	0%
Income group subtotal						
Low income	24%	44%	17%	36%	21%	4%
Lower middle income	43%	57%	16%	24%	12%	3%
Upper middle income	37%	56%	19%	22%	10%	3%
High income	67%	82%	8%	8%	3%	2%
UNAIDS HIV prevalence group subtotal						
Prevalence <1%	51%	66%	14%	17%	7%	3%
Prevalence 1 - 4%	26%	43%	18%	37%	24%	2%
Prevalence 5 - 9%	22%	46%	16%	31%	18%	6%
Prevalence 10 - 14%	21%	40%	10%	48%	33%	2%
Prevalence 15 - 19%	18%	24%	24%	41%	29%	12%
Prevalence >20%	39%	62%	14%	23%	10%	1%
Preval. unclassified	66%	73%	15%	10%	2%	2%
Regional subtotal						
Caribbean	33%	52%	11%	35%	18%	3%
East Asia	46%	65%	18%	17%	6%	1%
East. Eur.& Centr Asia	39%	55%	19%	24%	14%	2%
Latin America	36%	48%	17%	31%	14%	4%
North Afr. & Mid. East	57%	63%	20%	7%	3%	10%
Oceania	82%	86%	0%	14%	9%	0%
North America	72%	83%	10%	7%	2%	0%
South & SE Asia	46%	67%	16%	15%	7%	2%
Sub-Saharan Africa	27%	47%	16%	34%	20%	3%
Western Europe	74%	88%	4%	4%	0%	3%
Overall	**41%**	**58%**	**15%**	**24%**	**13%**	**3%**

Table 16: How severely is HIV/AIDS currently affecting your death, disability and funeral expenses?

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	0%	4%	91%	4%
Angola	4%	26%	52%	22%
Argentina	1%	6%	88%	6%
Australia	0%	2%	95%	3%
Austria	0%	1%	64%	34%
Bahrain	0%	2%	80%	18%
Bangladesh	5%	11%	76%	13%
Belgium	0%	3%	87%	11%
Bolivia	2%	8%	75%	17%
Bosnia and Herzegovina	1%	8%	89%	3%
Botswana	30%	82%	15%	3%
Brazil	3%	10%	84%	6%
Bulgaria	0%	10%	73%	18%
Canada	0%	3%	96%	1%
Chad	24%	63%	25%	12%
Chile	1%	3%	89%	8%
China	4%	29%	70%	1%
Colombia	4%	17%	78%	4%
Costa Rica	0%	5%	87%	8%
Croatia	2%	8%	83%	9%
Cyprus	2%	11%	88%	1%
Czech Republic	0%	3%	78%	19%
Denmark	0%	0%	100%	0%
Dominican Republic	0%	3%	76%	21%
Ecuador	2%	5%	86%	9%
Egypt	0%	0%	3%	97%
El Salvador	6%	17%	73%	10%
Estonia	2%	7%	85%	7%
Ethiopia	17%	47%	37%	16%
Finland	0%	0%	92%	8%
France	0%	3%	92%	5%
Gambia	4%	22%	61%	17%
Georgia	0%	9%	77%	14%
Germany	0%	0%	92%	8%
Ghana	5%	11%	67%	21%
Greece	5%	15%	77%	8%
Guatemala	4%	15%	77%	8%
Honduras	1%	15%	69%	16%
Hong Kong	0%	3%	93%	5%
Hungary	0%	0%	91%	9%
Iceland	0%	0%	96%	4%
India	4%	5%	91%	4%
Indonesia	10%	82%	13%	5%
Ireland	0%	5%	93%	3%
Israel	0%	0%	100%	0%
Italy	0%	2%	75%	23%
Jamaica	0%	12%	81%	7%
Japan	1%	12%	86%	3%
Jordan	1%	8%	76%	16%
Kenya	19%	64%	30%	6%
Korea	5%	25%	69%	6%
Latvia	2%	6%	79%	15%
Lithuania	3%	14%	86%	1%
Luxembourg	3%	3%	90%	7%
Macedonia, FYR	8%	12%	47%	41%
Madagascar	5%	22%	62%	16%
Malawi	28%	83%	11%	6%
Malaysia	0%	22%	76%	2%
Mali	14%	36%	40%	24%
Malta	1%	1%	76%	22%
Mauritius	3%	3%	94%	3%
Mexico	0%	7%	89%	4%
Morocco	6%	25%	57%	18%
Mozambique	18%	57%	29%	14%
Namibia	16%	65%	32%	3%
Netherlands	0%	3%	93%	4%
New Zealand	0%	0%	98%	2%
Nicaragua	3%	6%	77%	17%
Nigeria	11%	35%	50%	15%
Norway	0%	0%	100%	0%
Pakistan	18%	29%	68%	3%
Panama	1%	16%	80%	3%
Paraguay	4%	6%	82%	12%
Peru	1%	4%	76%	20%
Philippines	3%	8%	85%	7%
Poland	16%	41%	18%	41%
Portugal	0%	0%	88%	12%
Romania	5%	14%	67%	18%
Russian Federation	1%	8%	79%	13%
Serbia & Montenegro	2%	11%	65%	24%
Singapore	1%	1%	95%	4%
Slovak Republic	0%	2%	83%	15%
Slovenia	0%	3%	85%	12%
South Africa	3%	51%	48%	1%
Spain	2%	3%	88%	8%
Sri Lanka	11%	13%	83%	4%
Sweden	0%	0%	85%	15%
Switzerland	0%	1%	93%	6%
Taiwan	3%	22%	69%	8%
Tanzania	33%	69%	20%	11%
Thailand	6%	25%	71%	4%
Trinidad & Tobago	3%	13%	82%	5%
Tunisia	7%	13%	64%	24%
Turkey	3%	7%	80%	14%
Uganda	29%	66%	21%	14%
Ukraine	2%	15%	76%	9%
United Arab Emirates	2%	4%	80%	17%
United Kingdom	0%	2%	94%	4%
United States	1%	12%	85%	4%
Uruguay	0%	0%	92%	8%
Venezuela	0%	4%	81%	15%
Vietnam	11%	35%	50%	15%
Zambia	20%	65%	20%	14%
Zimbabwe	37%	97%	3%	0%
Income group subtotal				
Low income	15%	42%	45%	13%
Lower middle income	3%	13%	71%	15%
Upper middle income	3%	12%	79%	9%
High income	1%	6%	86%	9%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	2%	10%	78%	12%
Prevalence 1 - 4%	7%	24%	63%	13%
Prevalence 5 - 9%	19%	52%	37%	11%
Prevalence 10 - 14%	21%	65%	23%	11%
Prevalence 15 - 19%	20%	65%	20%	14%
Prevalence >20%	20%	71%	27%	2%
Prevalence unclassified	3%	11%	80%	9%
Regional subtotal				
Caribbean	1%	10%	80%	10%
East Asia	4%	23%	74%	3%
Eastern Europe & Central Asia	2%	9%	77%	13%
Latin America	2%	8%	82%	10%
North Africa & Middle East	3%	8%	68%	23%
Oceania	0%	1%	97%	2%
North America	1%	7%	91%	2%
South & South-East Asia	7%	20%	74%	6%
Sub-Saharan Africa	17%	50%	38%	12%
Western Europe	1%	4%	83%	14%
Overall	**5%**	**17%**	**71%**	**12%**

Table 17: How severely is HIV/AIDS currently affecting your medical expenses?

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	1%	6%	90%	4%
Angola	11%	30%	48%	22%
Argentina	3%	6%	90%	4%
Australia	0%	3%	94%	3%
Austria	0%	1%	64%	34%
Bahrain	0%	2%	80%	18%
Bangladesh	7%	11%	76%	13%
Belgium	0%	0%	89%	11%
Bolivia	2%	10%	72%	18%
Bosnia and Herzegovina	1%	8%	89%	3%
Botswana	23%	80%	18%	3%
Brazil	1%	16%	78%	6%
Bulgaria	1%	11%	70%	18%
Canada	0%	10%	89%	1%
Chad	22%	58%	30%	12%
Chile	2%	6%	88%	7%
China	5%	30%	70%	1%
Colombia	4%	20%	74%	7%
Costa Rica	1%	4%	89%	7%
Croatia	1%	10%	81%	9%
Cyprus	2%	15%	84%	1%
Czech Republic	0%	6%	75%	19%
Denmark	0%	0%	100%	0%
Dominican Republic	0%	5%	75%	21%
Ecuador	2%	5%	85%	9%
Egypt	0%	0%	3%	97%
El Salvador	8%	21%	69%	10%
Estonia	2%	7%	84%	9%
Ethiopia	22%	53%	31%	16%
Finland	0%	0%	92%	8%
France	1%	9%	85%	6%
Gambia	6%	24%	59%	17%
Georgia	3%	10%	74%	15%
Germany	0%	3%	89%	8%
Ghana	7%	23%	57%	20%
Greece	5%	16%	75%	8%
Guatemala	5%	16%	75%	8%
Honduras	1%	15%	69%	16%
Hong Kong	0%	5%	90%	5%
Hungary	0%	1%	90%	9%
Iceland	0%	0%	96%	4%
India	2%	11%	89%	0%
Indonesia	15%	77%	18%	5%
Ireland	0%	5%	93%	3%
Israel	0%	0%	100%	0%
Italy	1%	6%	71%	23%
Jamaica	2%	17%	76%	8%
Japan	5%	13%	86%	1%
Jordan	3%	13%	69%	17%
Kenya	22%	71%	24%	5%
Korea	8%	27%	67%	6%
Latvia	2%	8%	77%	15%
Lithuania	4%	19%	80%	1%
Luxembourg	3%	7%	83%	10%
Macedonia, FYR	8%	15%	44%	42%
Madagascar	7%	25%	56%	20%
Malawi	33%	83%	11%	6%
Malaysia	1%	25%	73%	2%
Mali	14%	38%	38%	24%
Malta	1%	1%	76%	22%
Mauritius	3%	3%	94%	3%
Mexico	0%	9%	87%	4%
Morocco	5%	22%	58%	20%
Mozambique	20%	61%	27%	13%
Namibia	13%	61%	32%	6%
Netherlands	0%	7%	89%	4%
New Zealand	0%	0%	98%	2%
Nicaragua	3%	6%	76%	19%
Nigeria	13%	36%	47%	17%
Norway	0%	0%	100%	0%
Pakistan	18%	26%	71%	3%
Panama	0%	19%	78%	3%
Paraguay	5%	8%	79%	13%
Peru	1%	6%	73%	20%
Philippines	3%	8%	85%	7%
Poland	18%	41%	20%	39%
Portugal	0%	0%	86%	14%
Romania	6%	14%	67%	18%
Russian Federation	2%	10%	76%	14%
Serbia & Montenegro	3%	13%	64%	23%
Singapore	1%	3%	93%	4%
Slovak Republic	3%	8%	78%	13%
Slovenia	0%	6%	82%	12%
South Africa	14%	59%	40%	1%
Spain	2%	2%	88%	10%
Sri Lanka	10%	13%	82%	5%
Sweden	0%	0%	85%	15%
Switzerland	0%	4%	90%	6%
Taiwan	5%	27%	64%	8%
Tanzania	27%	69%	16%	16%
Thailand	8%	31%	65%	4%
Trinidad & Tobago	3%	21%	74%	5%
Tunisia	11%	17%	60%	24%
Turkey	2%	7%	79%	14%
Uganda	31%	70%	16%	14%
Ukraine	2%	17%	74%	9%
United Arab Emirates	2%	6%	77%	17%
United Kingdom	0%	9%	87%	4%
United States	4%	23%	73%	5%
Uruguay	0%	0%	92%	8%
Venezuela	2%	8%	77%	15%
Vietnam	12%	36%	48%	16%
Zambia	33%	61%	22%	16%
Zimbabwe	30%	100%	0%	0%
Income group subtotal				
Low income	16%	44%	43%	14%
Lower middle income	4%	15%	69%	16%
Upper middle income	3%	14%	77%	9%
High income	2%	8%	83%	9%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	3%	11%	76%	12%
Prevalence 1 - 4%	8%	26%	60%	13%
Prevalence 5 - 9%	19%	54%	33%	13%
Prevalence 10 - 14%	24%	68%	22%	10%
Prevalence 15 - 19%	33%	61%	22%	16%
Prevalence >20%	19%	73%	25%	2%
Prevalence unclassified	3%	15%	76%	9%
Regional subtotal				
Caribbean	2%	15%	75%	10%
East Asia	6%	25%	72%	3%
Eastern Europe & Central Asia	2%	11%	75%	13%
Latin America	2%	10%	80%	10%
North Africa & Middle East	3%	10%	67%	24%
Oceania	0%	2%	96%	2%
North America	2%	16%	82%	3%
South & South-East Asia	7%	21%	73%	6%
Sub-Saharan Africa	18%	52%	35%	13%
Western Europe	2%	6%	80%	14%
Overall	**6%**	**19%**	**69%**	**12%**

Table 18: How severely is HIV/AIDS currently affecting your productivity and absenteeism?

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	1%	6%	90%	4%
Angola	9%	24%	52%	24%
Argentina	4%	9%	87%	4%
Australia	0%	3%	94%	3%
Austria	0%	2%	63%	34%
Bahrain	2%	5%	77%	18%
Bangladesh	4%	11%	76%	13%
Belgium	0%	0%	89%	11%
Bolivia	2%	8%	72%	21%
Bosnia and Herzegovina	1%	7%	91%	3%
Botswana	39%	82%	15%	3%
Brazil	3%	13%	80%	7%
Bulgaria	3%	11%	71%	18%
Canada	0%	9%	90%	1%
Chad	28%	64%	23%	13%
Chile	2%	6%	88%	7%
China	6%	31%	69%	1%
Colombia	4%	17%	76%	7%
Costa Rica	1%	6%	87%	7%
Croatia	2%	9%	82%	9%
Cyprus	2%	12%	86%	1%
Czech Republic	0%	5%	76%	19%
Denmark	0%	0%	100%	0%
Dominican Republic	0%	8%	71%	21%
Ecuador	3%	5%	84%	10%
Egypt	0%	0%	3%	97%
El Salvador	4%	17%	73%	10%
Estonia	2%	11%	78%	11%
Ethiopia	24%	53%	31%	16%
Finland	0%	0%	90%	10%
France	0%	13%	81%	6%
Gambia	6%	25%	57%	18%
Georgia	3%	10%	76%	14%
Germany	0%	3%	89%	8%
Ghana	8%	20%	61%	20%
Greece	7%	14%	77%	10%
Guatemala	8%	20%	72%	8%
Honduras	1%	21%	63%	16%
Hong Kong	0%	5%	90%	5%
Hungary	0%	3%	89%	9%
Iceland	0%	0%	96%	4%
India	4%	13%	88%	0%
Indonesia	10%	82%	13%	5%
Ireland	0%	0%	98%	3%
Israel	0%	0%	100%	0%
Italy	2%	7%	70%	23%
Jamaica	0%	12%	80%	8%
Japan	6%	16%	83%	1%
Jordan	3%	11%	72%	17%
Kenya	21%	68%	26%	6%
Korea	12%	30%	64%	6%
Latvia	2%	8%	77%	15%
Lithuania	3%	17%	83%	1%
Luxembourg	3%	7%	83%	10%
Macedonia, FYR	12%	16%	43%	42%
Madagascar	13%	25%	58%	18%
Malawi	19%	81%	14%	6%
Malaysia	1%	29%	69%	2%
Mali	14%	40%	38%	21%
Malta	1%	3%	75%	22%
Mauritius	3%	3%	94%	3%
Mexico	0%	8%	88%	4%
Morocco	5%	23%	57%	20%
Mozambique	22%	65%	22%	14%
Namibia	19%	61%	32%	6%
Netherlands	0%	4%	91%	5%
New Zealand	0%	0%	98%	2%
Nicaragua	3%	7%	74%	19%
Nigeria	9%	35%	48%	17%
Norway	0%	0%	100%	0%
Pakistan	18%	26%	70%	4%
Panama	2%	19%	78%	3%
Paraguay	4%	7%	80%	13%
Peru	1%	8%	72%	20%
Philippines	3%	10%	83%	7%
Poland	22%	41%	18%	41%
Portugal	0%	0%	86%	14%
Romania	6%	17%	63%	19%
Russian Federation	2%	11%	76%	13%
Serbia & Montenegro	3%	11%	65%	24%
Singapore	2%	4%	90%	6%
Slovak Republic	2%	5%	82%	13%
Slovenia	3%	5%	83%	12%
South Africa	4%	58%	41%	1%
Spain	3%	7%	81%	12%
Sri Lanka	9%	15%	79%	6%
Sweden	0%	5%	80%	15%
Switzerland	1%	4%	89%	7%
Taiwan	8%	29%	61%	10%
Tanzania	34%	69%	19%	12%
Thailand	8%	27%	69%	4%
Trinidad & Tobago	4%	21%	73%	6%
Tunisia	7%	14%	64%	22%
Turkey	3%	9%	77%	14%
Uganda	35%	68%	18%	14%
Ukraine	2%	16%	76%	8%
United Arab Emirates	2%	4%	80%	17%
United Kingdom	0%	11%	85%	4%
United States	0%	14%	81%	5%
Uruguay	0%	0%	92%	8%
Venezuela	2%	9%	74%	17%
Vietnam	12%	38%	47%	15%
Zambia	35%	69%	14%	16%
Zimbabwe	37%	97%	3%	0%
Income group subtotal				
Low income	17%	44%	42%	14%
Lower middle income	4%	15%	69%	16%
Upper middle income	4%	14%	77%	9%
High income	2%	8%	83%	9%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	3%	12%	76%	13%
Prevalence 1 - 4%	10%	27%	60%	13%
Prevalence 5 - 9%	19%	53%	34%	13%
Prevalence 10 - 14%	21%	70%	19%	11%
Prevalence 15 - 19%	35%	69%	14%	16%
Prevalence >20%	24%	73%	25%	2%
Prevalence unclassified	4%	13%	77%	9%
Regional subtotal				
Caribbean	1%	14%	75%	11%
East Asia	7%	26%	70%	3%
Eastern Europe & Central Asia	3%	11%	75%	13%
Latin America	3%	10%	79%	10%
North Africa & Middle East	3%	9%	67%	23%
Oceania	0%	2%	96%	2%
North America	0%	11%	86%	3%
South & South-East Asia	7%	22%	71%	7%
Sub-Saharan Africa	20%	53%	34%	13%
Western Europe	2%	6%	79%	15%
Overall	**6%**	**19%**	**68%**	**12%**

Table 19: How severely is HIV/AIDS currently affecting your recruitment and training expenses?

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	1%	7%	88%	6%
Angola	7%	28%	48%	24%
Argentina	1%	10%	85%	4%
Australia	0%	3%	94%	3%
Austria	0%	1%	64%	34%
Bahrain	0%	2%	80%	18%
Bangladesh	5%	11%	76%	13%
Belgium	0%	0%	89%	11%
Bolivia	1%	9%	71%	21%
Bosnia and Herzegovina	3%	16%	81%	3%
Botswana	28%	78%	19%	3%
Brazil	1%	13%	80%	7%
Bulgaria	4%	11%	71%	18%
Canada	0%	9%	90%	1%
Chad	22%	62%	25%	13%
Chile	2%	6%	86%	7%
China	5%	32%	67%	1%
Colombia	7%	20%	74%	7%
Costa Rica	1%	8%	84%	7%
Croatia	0%	8%	83%	9%
Cyprus	2%	12%	86%	1%
Czech Republic	0%	5%	76%	19%
Denmark	0%	0%	100%	0%
Dominican Republic	0%	8%	71%	21%
Ecuador	2%	6%	84%	9%
Egypt	0%	1%	2%	97%
El Salvador	2%	10%	77%	13%
Estonia	2%	9%	82%	9%
Ethiopia	20%	51%	31%	18%
Finland	0%	2%	90%	8%
France	0%	6%	90%	5%
Gambia	4%	19%	63%	18%
Georgia	1%	12%	73%	15%
Germany	0%	2%	91%	8%
Ghana	3%	16%	62%	21%
Greece	5%	14%	75%	11%
Guatemala	7%	27%	65%	8%
Honduras	0%	24%	60%	16%
Hong Kong	0%	5%	90%	5%
Hungary	0%	1%	90%	9%
Iceland	0%	0%	96%	4%
India	0%	9%	91%	0%
Indonesia	15%	82%	13%	5%
Ireland	0%	0%	95%	5%
Israel	0%	0%	100%	0%
Italy	1%	7%	70%	23%
Jamaica	0%	11%	81%	8%
Japan	3%	14%	83%	3%
Jordan	3%	11%	72%	17%
Kenya	15%	59%	35%	6%
Korea	11%	32%	61%	7%
Latvia	2%	8%	77%	15%
Lithuania	3%	15%	85%	1%
Luxembourg	3%	3%	90%	7%
Macedonia, FYR	3%	13%	44%	43%
Madagascar	8%	25%	58%	18%
Malawi	11%	75%	19%	6%
Malaysia	1%	31%	67%	2%
Mali	14%	33%	43%	24%
Malta	1%	3%	75%	22%
Mauritius	3%	3%	94%	3%
Mexico	0%	11%	84%	4%
Morocco	2%	23%	56%	21%
Mozambique	16%	58%	28%	14%
Namibia	10%	61%	32%	6%
Netherlands	0%	5%	91%	4%
New Zealand	0%	0%	98%	2%
Nicaragua	3%	7%	74%	19%
Nigeria	10%	37%	48%	15%
Norway	0%	0%	100%	0%
Pakistan	8%	27%	70%	3%
Panama	3%	20%	77%	3%
Paraguay	4%	8%	77%	14%
Peru	1%	8%	72%	20%
Philippines	3%	8%	85%	7%
Poland	10%	37%	22%	41%
Portugal	0%	0%	88%	12%
Romania	4%	16%	64%	19%
Russian Federation	2%	10%	76%	14%
Serbia & Montenegro	1%	11%	66%	23%
Singapore	2%	3%	92%	5%
Slovak Republic	0%	3%	83%	13%
Slovenia	0%	5%	83%	12%
South Africa	3%	52%	47%	1%
Spain	3%	7%	83%	10%
Sri Lanka	10%	15%	79%	6%
Sweden	0%	5%	75%	20%
Switzerland	0%	3%	90%	7%
Taiwan	5%	27%	63%	10%
Tanzania	20%	52%	28%	20%
Thailand	6%	27%	69%	4%
Trinidad & Tobago	3%	21%	73%	6%
Tunisia	6%	13%	65%	22%
Turkey	4%	10%	75%	15%
Uganda	19%	63%	22%	15%
Ukraine	3%	20%	71%	9%
United Arab Emirates	1%	5%	79%	17%
United Kingdom	0%	6%	89%	4%
United States	1%	12%	85%	4%
Uruguay	0%	0%	92%	8%
Venezuela	0%	9%	74%	17%
Vietnam	9%	41%	44%	15%
Zambia	31%	63%	24%	12%
Zimbabwe	30%	93%	7%	0%
Income group subtotal				
Low income	12%	41%	45%	14%
Lower middle income	3%	16%	68%	16%
Upper middle income	3%	14%	77%	9%
High income	2%	7%	83%	9%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	2%	12%	76%	13%
Prevalence 1 - 4%	7%	27%	60%	14%
Prevalence 5 - 9%	14%	47%	39%	14%
Prevalence 10 - 14%	15%	63%	25%	11%
Prevalence 15 - 19%	31%	63%	24%	12%
Prevalence >20%	17%	69%	29%	2%
Prevalence unclassified	3%	13%	77%	9%
Regional subtotal				
Caribbean	1%	13%	76%	11%
East Asia	6%	27%	69%	4%
Eastern Europe & Central Asia	2%	11%	75%	14%
Latin America	2%	12%	78%	11%
North Africa & Middle East	2%	10%	66%	24%
Oceania	0%	2%	96%	2%
North America	1%	10%	88%	2%
South & South-East Asia	5%	23%	71%	7%
Sub-Saharan Africa	15%	49%	38%	13%
Western Europe	1%	5%	81%	15%
Overall	**5%**	**19%**	**69%**	**13%**

Table 20: How severely is HIV/AIDS currently affecting your revenues?

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	1%	6%	90%	4%
Angola	4%	28%	46%	26%
Argentina	1%	10%	82%	7%
Australia	0%	2%	95%	3%
Austria	0%	1%	64%	34%
Bahrain	0%	2%	77%	20%
Bangladesh	5%	11%	75%	14%
Belgium	0%	0%	89%	11%
Bolivia	1%	4%	71%	25%
Bosnia and Herzegovina	1%	15%	83%	3%
Botswana	30%	77%	14%	9%
Brazil	3%	10%	83%	7%
Bulgaria	3%	15%	58%	27%
Canada	0%	6%	91%	3%
Chad	19%	58%	26%	15%
Chile	1%	8%	81%	10%
China	4%	28%	71%	1%
Colombia	4%	17%	72%	11%
Costa Rica	1%	8%	82%	10%
Croatia	2%	8%	83%	9%
Cyprus	2%	12%	86%	1%
Czech Republic	0%	5%	76%	19%
Denmark	0%	0%	100%	0%
Dominican Republic	0%	17%	59%	24%
Ecuador	3%	15%	67%	19%
Egypt	0%	0%	3%	97%
El Salvador	2%	19%	67%	15%
Estonia	0%	11%	80%	9%
Ethiopia	15%	51%	27%	22%
Finland	0%	0%	89%	11%
France	0%	8%	86%	6%
Gambia	8%	27%	55%	18%
Georgia	1%	9%	76%	15%
Germany	0%	3%	89%	8%
Ghana	7%	28%	48%	25%
Greece	5%	15%	73%	12%
Guatemala	5%	24%	60%	16%
Honduras	1%	26%	54%	19%
Hong Kong	0%	5%	90%	5%
Hungary	0%	1%	90%	9%
Iceland	0%	0%	96%	4%
India	2%	7%	93%	0%
Indonesia	8%	72%	21%	8%
Ireland	0%	0%	95%	5%
Israel	0%	0%	100%	0%
Italy	1%	6%	71%	23%
Jamaica	2%	18%	72%	10%
Japan	3%	16%	83%	1%
Jordan	3%	13%	69%	17%
Kenya	22%	64%	27%	9%
Korea	9%	33%	61%	6%
Latvia	2%	8%	76%	16%
Lithuania	3%	18%	81%	1%
Luxembourg	3%	7%	87%	7%
Macedonia, FYR	6%	13%	41%	46%
Madagascar	3%	25%	55%	21%
Malawi	17%	81%	14%	6%
Malaysia	1%	29%	69%	2%
Mali	12%	40%	36%	24%
Malta	1%	1%	76%	22%
Mauritius	3%	3%	94%	3%
Mexico	0%	10%	80%	10%
Morocco	3%	25%	55%	20%
Mozambique	10%	58%	24%	18%
Namibia	16%	61%	35%	3%
Netherlands	0%	4%	91%	5%
New Zealand	0%	0%	98%	2%
Nicaragua	3%	13%	67%	20%
Nigeria	9%	40%	44%	16%
Norway	0%	0%	100%	0%
Pakistan	8%	30%	67%	3%
Panama	6%	29%	64%	7%
Paraguay	1%	7%	75%	18%
Peru	0%	8%	70%	23%
Philippines	5%	12%	81%	7%
Poland	6%	31%	27%	43%
Portugal	0%	0%	86%	14%
Romania	5%	14%	66%	19%
Russian Federation	1%	9%	74%	17%
Serbia & Montenegro	1%	11%	66%	23%
Singapore	2%	3%	93%	4%
Slovak Republic	0%	0%	85%	15%
Slovenia	0%	3%	83%	14%
South Africa	7%	51%	47%	3%
Spain	5%	10%	81%	8%
Sri Lanka	10%	16%	78%	6%
Sweden	0%	0%	85%	15%
Switzerland	0%	4%	90%	6%
Taiwan	5%	25%	66%	8%
Tanzania	17%	57%	19%	24%
Thailand	8%	27%	69%	4%
Trinidad & Tobago	6%	24%	69%	6%
Tunisia	3%	10%	65%	25%
Turkey	3%	10%	75%	15%
Uganda	31%	72%	14%	14%
Ukraine	1%	20%	67%	13%
United Arab Emirates	1%	4%	80%	17%
United Kingdom	0%	6%	89%	4%
United States	0%	10%	86%	5%
Uruguay	0%	2%	86%	12%
Venezuela	0%	4%	77%	19%
Vietnam	5%	31%	50%	19%
Zambia	29%	67%	20%	12%
Zimbabwe	27%	93%	7%	0%
Income group subtotal				
Low income	12%	43%	41%	16%
Lower middle income	3%	16%	66%	18%
Upper middle income	3%	15%	74%	11%
High income	2%	7%	83%	9%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	2%	12%	74%	14%
Prevalence 1 - 4%	7%	28%	55%	16%
Prevalence 5 - 9%	15%	51%	33%	16%
Prevalence 10 - 14%	12%	65%	21%	14%
Prevalence 15 - 19%	29%	67%	20%	12%
Prevalence >20%	20%	68%	27%	5%
Prevalence unclassified	3%	13%	79%	9%
Regional subtotal				
Caribbean	3%	20%	68%	13%
East Asia	5%	26%	71%	3%
Eastern Europe & Central Asia	2%	11%	74%	15%
Latin America	2%	13%	73%	15%
North Africa & Middle East	2%	10%	66%	24%
Oceania	0%	1%	97%	2%
North America	0%	8%	89%	4%
South & South-East Asia	5%	21%	72%	7%
Sub-Saharan Africa	15%	51%	33%	15%
Western Europe	1%	5%	80%	15%
Overall	**5%**	**19%**	**67%**	**14%**

Table 21: Does HIV/AIDS stigma and discrimination affect the effectiveness of your policy and/or programme? (Including responses of companies not having HIV/AIDS policies)

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	7%	31%	57%	12%
Angola	7%	30%	50%	20%
Argentina	1%	7%	71%	22%
Australia	0%	12%	73%	15%
Austria	0%	0%	70%	30%
Bahrain	5%	11%	59%	30%
Bangladesh	9%	18%	53%	29%
Belgium	0%	5%	79%	16%
Bolivia	3%	17%	53%	29%
Bosnia and Herzegovina	1%	13%	80%	7%
Botswana	13%	58%	18%	24%
Brazil	0%	23%	64%	13%
Bulgaria	3%	14%	61%	25%
Canada	1%	14%	67%	20%
Chad	18%	56%	28%	15%
Chile	2%	19%	55%	25%
China	4%	30%	70%	0%
Colombia	2%	17%	54%	28%
Costa Rica	4%	18%	63%	19%
Croatia	4%	25%	52%	24%
Cyprus	2%	16%	63%	21%
Czech Republic	0%	5%	63%	32%
Denmark	0%	0%	88%	12%
Dominican Republic	5%	27%	51%	22%
Ecuador	6%	21%	56%	23%
Egypt	1%	1%	2%	97%
El Salvador	6%	27%	44%	29%
Estonia	0%	15%	64%	22%
Ethiopia	18%	40%	21%	38%
Finland	0%	3%	81%	16%
France	0%	15%	71%	14%
Gambia	6%	30%	48%	22%
Georgia	0%	10%	62%	28%
Germany	0%	2%	77%	22%
Ghana	5%	26%	31%	43%
Greece	5%	18%	51%	32%
Guatemala	6%	21%	52%	27%
Honduras	6%	19%	49%	32%
Hong Kong	3%	13%	73%	15%
Hungary	3%	18%	53%	29%
Iceland	4%	8%	84%	8%
India	5%	27%	45%	29%
Indonesia	5%	77%	13%	10%
Ireland	0%	8%	78%	15%
Israel	0%	12%	71%	18%
Italy	0%	4%	58%	38%
Jamaica	8%	26%	43%	31%
Japan	10%	36%	55%	9%
Jordan	5%	15%	49%	36%
Kenya	16%	51%	27%	22%
Korea	7%	34%	50%	16%
Latvia	1%	10%	55%	35%
Lithuania	3%	39%	55%	6%
Luxembourg	0%	13%	63%	23%
Macedonia, FYR	11%	24%	23%	53%
Madagascar	7%	41%	30%	29%
Malawi	14%	56%	14%	31%
Malaysia	4%	33%	56%	11%
Mali	12%	45%	21%	33%
Malta	4%	15%	54%	31%
Mauritius	3%	12%	74%	15%
Mexico	2%	16%	61%	24%
Morocco	2%	30%	49%	21%
Mozambique	8%	57%	20%	23%
Namibia	10%	52%	42%	6%
Netherlands	0%	4%	74%	22%
New Zealand	0%	4%	78%	18%
Nicaragua	7%	17%	53%	30%
Nigeria	9%	41%	28%	31%
Norway	0%	0%	91%	9%
Pakistan	5%	29%	64%	7%
Panama	8%	30%	62%	8%
Paraguay	2%	14%	69%	17%
Peru	4%	18%	52%	30%
Philippines	5%	31%	46%	24%
Poland	2%	18%	35%	47%
Portugal	0%	2%	67%	31%
Romania	3%	18%	62%	19%
Russian Federation	2%	18%	68%	14%
Serbia & Montenegro	1%	16%	56%	28%
Singapore	4%	22%	50%	27%
Slovak Republic	0%	2%	65%	33%
Slovenia	3%	29%	55%	17%
South Africa	18%	63%	30%	7%
Spain	2%	3%	75%	22%
Sri Lanka	12%	24%	41%	34%
Sweden	0%	0%	75%	25%
Switzerland	1%	11%	74%	15%
Taiwan	10%	37%	49%	14%
Tanzania	22%	50%	23%	27%
Thailand	4%	27%	60%	13%
Trinidad & Tobago	6%	33%	40%	27%
Tunisia	0%	14%	42%	44%
Turkey	8%	20%	57%	23%
Uganda	21%	59%	21%	20%
Ukraine	4%	34%	50%	17%
United Arab Emirates	2%	6%	54%	40%
United Kingdom	0%	15%	68%	17%
United States	2%	25%	58%	17%
Uruguay	0%	2%	78%	20%
Venezuela	9%	19%	51%	30%
Vietnam	16%	49%	22%	29%
Zambia	22%	59%	20%	20%
Zimbabwe	20%	80%	20%	0%
Income group subtotal				
Low income	12%	43%	32%	25%
Lower middle income	5%	22%	54%	24%
Upper middle income	3%	21%	56%	23%
High income	2%	14%	65%	21%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	4%	19%	58%	24%
Prevalence 1 - 4%	8%	32%	46%	23%
Prevalence 5 - 9%	14%	46%	26%	27%
Prevalence 10 - 14%	10%	57%	18%	25%
Prevalence 15 - 19%	22%	59%	20%	20%
Prevalence >20%	15%	62%	26%	12%
Prevalence unclassified	4%	18%	56%	26%
Regional subtotal				
Caribbean	6%	29%	44%	27%
East Asia	6%	31%	61%	8%
Eastern Europe & Central Asia	2%	18%	60%	22%
Latin America	4%	18%	58%	24%
North Africa & Middle East	4%	17%	48%	34%
Oceania	0%	8%	75%	17%
North America	2%	19%	63%	18%
South & South-East Asia	7%	32%	46%	22%
Sub-Saharan Africa	14%	48%	28%	24%
Western Europe	2%	9%	66%	26%
Overall	**5%**	**24%**	**52%**	**24%**

Table 22: Does HIV/AIDS stigma and discrimination affect the effectiveness of your policy and/or programme? (Only responses of companies at least having informal policies)

Country	Serious impact	Some impact	Minimal impact	No response
Algeria	0%	33%	67%	0%
Angola	13%	25%	75%	0%
Argentina	7%	20%	67%	13%
Australia	0%	12%	88%	0%
Austria	0%	0%	100%	0%
Bahrain	0%	50%	50%	0%
Bangladesh	7%	7%	73%	20%
Belgium	0%	0%	100%	0%
Bolivia	0%	63%	38%	0%
Bosnia and Herzegovina	0%	14%	86%	0%
Botswana	18%	68%	23%	10%
Brazil	0%	25%	66%	9%
Bulgaria	13%	50%	50%	0%
Canada	0%	22%	63%	15%
Chad	30%	55%	35%	10%
Chile	3%	26%	61%	13%
China	4%	44%	56%	0%
Colombia	0%	18%	64%	18%
Costa Rica	0%	14%	57%	29%
Croatia	0%	12%	76%	12%
Cyprus	25%	50%	25%	25%
Czech Republic	0%	7%	87%	7%
Denmark	0%	0%	86%	14%
Dominican Republic	11%	50%	44%	6%
Ecuador	19%	30%	59%	11%
Egypt	-	-	-	-
El Salvador	0%	29%	43%	29%
Estonia	0%	0%	67%	33%
Ethiopia	12%	76%	12%	12%
Finland	0%	0%	100%	0%
France	0%	29%	57%	14%
Gambia	13%	40%	60%	0%
Georgia	0%	9%	82%	9%
Germany	0%	0%	83%	17%
Ghana	10%	35%	35%	30%
Greece	17%	33%	33%	33%
Guatemala	16%	21%	63%	16%
Honduras	11%	26%	58%	16%
Hong Kong	0%	10%	80%	10%
Hungary	100%	100%	0%	0%
Iceland	-	-	-	-
India	4%	26%	48%	26%
Indonesia	0%	71%	29%	0%
Ireland	0%	0%	86%	14%
Israel	0%	100%	0%	0%
Italy	0%	0%	100%	0%
Jamaica	11%	44%	30%	26%
Japan	5%	16%	84%	0%
Jordan	0%	13%	50%	38%
Kenya	23%	58%	31%	12%
Korea	17%	42%	58%	0%
Latvia	0%	19%	81%	0%
Lithuania	4%	42%	50%	8%
Luxembourg	0%	0%	75%	25%
Macedonia, FYR	25%	38%	38%	25%
Madagascar	9%	59%	24%	18%
Malawi	31%	92%	0%	8%
Malaysia	9%	35%	52%	13%
Mali	13%	50%	38%	13%
Malta	0%	0%	83%	17%
Mauritius	0%	14%	86%	0%
Mexico	0%	31%	62%	8%
Morocco	0%	20%	80%	0%
Mozambique	10%	62%	21%	17%
Namibia	12%	54%	46%	0%
Netherlands	0%	6%	82%	12%
New Zealand	0%	0%	100%	0%
Nicaragua	0%	50%	50%	0%
Nigeria	17%	54%	15%	32%
Norway	0%	0%	0%	100%
Pakistan	0%	0%	100%	0%
Panama	14%	36%	64%	0%
Paraguay	0%	33%	67%	0%
Peru	8%	23%	54%	23%
Philippines	10%	38%	52%	10%
Poland	0%	0%	100%	0%
Portugal	0%	50%	50%	0%
Romania	0%	14%	86%	0%
Russian Federation	6%	32%	65%	3%
Serbia & Montenegro	0%	50%	50%	0%
Singapore	9%	22%	74%	4%
Slovak Republic	0%	0%	67%	33%
Slovenia	0%	0%	100%	0%
South Africa	20%	67%	32%	2%
Spain	0%	0%	100%	0%
Sri Lanka	17%	33%	42%	25%
Sweden	0%	0%	67%	33%
Switzerland	9%	27%	73%	0%
Taiwan	0%	27%	73%	0%
Tanzania	41%	79%	21%	0%
Thailand	10%	38%	48%	14%
Trinidad & Tobago	5%	33%	52%	14%
Tunisia	0%	60%	40%	0%
Turkey	11%	11%	67%	22%
Uganda	19%	72%	28%	0%
Ukraine	0%	75%	25%	0%
United Arab Emirates	9%	14%	73%	14%
United Kingdom	0%	30%	70%	0%
United States	6%	39%	58%	3%
Uruguay	0%	17%	83%	0%
Venezuela	27%	40%	47%	13%
Vietnam	19%	59%	22%	19%
Zambia	29%	76%	12%	12%
Zimbabwe	18%	77%	23%	0%
Income group subtotal				
Low income	18%	57%	30%	13%
Lower middle income	9%	39%	52%	9%
Upper middle income	7%	32%	57%	10%
High income	4%	21%	72%	7%
UNAIDS HIV prevalence group subtotal				
Prevalence <1%	6%	27%	63%	10%
Prevalence 1 - 4%	13%	47%	41%	12%
Prevalence 5 - 9%	26%	62%	23%	15%
Prevalence 10 - 14%	17%	71%	14%	14%
Prevalence 15 - 19%	29%	76%	12%	12%
Prevalence >20%	18%	66%	31%	3%
Prevalence unclassified	7%	22%	68%	10%
Regional subtotal				
Caribbean	9%	42%	41%	17%
East Asia	6%	34%	65%	1%
Eastern Europe & Central Asia	3%	27%	67%	5%
Latin America	8%	28%	60%	12%
North Africa & Middle East	7%	23%	61%	16%
Oceania	0%	9%	91%	0%
North America	3%	32%	60%	8%
South & South-East Asia	10%	37%	48%	15%
Sub-Saharan Africa	19%	62%	28%	10%
Western Europe	4%	15%	74%	12%
Overall	**10%**	**40%**	**50%**	**10%**

Endnotes

[1] AIDS Epidemic Update 2004. UNAIDS, Geneva. 2004.

[2] David E Bloom, Lakshmi Reddy Bloom, David Steven and Mark Weston; Business and HIV/AIDS: Who Me? World Economic Forum, 1 December 2003.

[3] Haiti was included last year but not this year. Bahrain, Bosnia and Herzegovina, Cyprus, Georgia and the United Arab Emirates, meanwhile, have been added in 2004-2005.

[4] Income groups are defined according to World Bank criteria as outlined in the 2004 World Development Report. Low-income countries are defined as those that had gross national income (GNI) per capita of US$ 735 or less in 2003; lower middle-income as those with GNI per capita between US$ 736 and US$ 2,935; upper middle-income as those with GNI per capita between US$ 2,936 and US$ 9,075; and high-income as those with GNI per capita of $9,076 and above.

[5] HIV prevalence is grouped as per UNAIDS criteria. High-prevalence countries have over 20% adult infection rates, low prevalence below 1%. Intermediate groupings are 1-4%, 5-9%, 10-14% and 15-19%.

[6] Although there are many more annual cases of malaria in African than there are new HIV infections (approximately 270 million cases for malaria versus 3.2 million for HIV), HIV causes more deaths (2.3 million in 2003 versus 1.1 million for malaria). Roll Back Malaria Information Sheet, World Health Organization. 2004. Available at http://www.rbm.who.int/cmc_upload/0/000/015/370/RBMInfosheet_3.htm.

[7] David E Bloom, Lakshmi Reddy Bloom, David Steven and Mark Weston; Business and HIV/AIDS: Who Me? World Economic Forum, Geneva. 1 December 2003.

[8] This emphasis on fairness ties in with UNAIDS' recent exhortations to consider the "interplay" between gender and socio-economic inequality in HIV prevention efforts. UNAIDS (2004). op cit.

[9] Note: The sample size for those firms in high-prevalence countries that have conducted studies is 63, and for those that have not, 108.

[10] This year's regional groupings are different from those in the 2003-2004 survey, so we have included only limited discussion of year-on-year changes in this section. There are now ten regions rather than eight and they have been reclassified so that countries now match UNAIDS regional groupings. The latter reflect pure geography, but with an awareness of how HIV prevalence varies geographically (for example, they separate Western and Eastern Europe). Of the regions most affected by AIDS, only sub-Saharan Africa is classified as it was last year. Comparisons over time are made more problematic by the fact that Executive Opinion Survey countries are not stable. For example, Haiti was included last year but not this year. Bahrain, Bosnia and Herzegovina, Cyprus, Georgia and the United Arab Emirates, meanwhile, have been added in 2004-2005.

[11] This figure provides a policy coverage score for each region. This score is calculated for each firm by summing the number of policy dimensions that are addressed by their HIV/AIDS policy. This information comes from Question 7.27. The minimum value for PCS is 0, for a firm that does not report addressing any of the policy dimensions in Question 7.27. The maximum value is 16, for a firm whose policy addresses every dimension.
The figures reported are simple averages across all firms in each corresponding income, prevalence, or regional category. Thus, one standard issue that arises in creating an index – that of having to assign weights to the various dimensions – is addressed here by assigning equal weight to each dimension. The other standard issue that arises has to do with what to include. That is solved here by including all 16 dimensions identified in Question 7.27. PCS is calculated using the whole sample (8,719 firms) but assigns a PCS of zero to a firm that does not have a written or informal HIV/AIDS policy, based on Question 7.24.
Note that the range of the PCS score goes from 0 to 16. The score itself is the average number of policy dimensions addressed by the sample of firms in the relevant income, regional, or prevalence grouping. The average PCS over all 8,719 firms is 1.33 (small number of policy areas covered). The number is even smaller (0.73) if 0 is assigned to firms that say they have no written or informal HIV/AIDS policy. However, for the 1,620 firms that say they have a written or informal HIV/AIDS policy, the average is 3.95.

[12] The 1,552 firms that responded to the survey in sub-Saharan Africa came from 19 countries: Angola, Botswana, Chad, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. This list includes some of the hardest hit countries in the world. Botswana, Namibia, South Africa and Zimbabwe have over 20% HIV prevalence. Zambia has over 15% prevalence. In Malawi and Mozambique, infection rates exceed 10%, and in Kenya, Nigeria and Tanzania 5%. Only in Mauritius have rates remained below 1%. UNAIDS believes the epidemic's spread in Africa has slowed in recent years due to the growing number of deaths. It remains, however, by far the worst affected region in the world, with 2.3 million AIDS deaths in 2003. UNAIDS, Geneva. 2004.

Endnotes

13 See 10 above.

14 The 231 firms that responded to the survey in the Caribbean came from three countries: Dominican Republic, Jamaica and Trinidad & Tobago. HIV prevalence in all three is between 1% and 4%. According to UNAIDS, between 350,000 and 590,000 individuals in the region are living with HIV/AIDS, with 30-50,000 deaths in 2003. The response to the virus, it notes, has intensified in the past year. UNAIDS, Geneva. 2004.

15 The 562 firms that responded to the survey in East Asia came from five countries: China, Hong Kong, Japan, Korea and Taiwan. HIV prevalence rates in all bar Taiwan are below 1%. The prevalence rate in Taiwan is unknown.

16 The 1,795 firms that responded to the survey in Eastern Europe and Central Asia came from 16 countries: Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Latvia, Lithuania, Poland, Romania, Russian Federation, Serbia & Montenegro, Slovak Republic, Slovenia and Ukraine. Of these, Estonia, Russian Federation and Ukraine have HIV prevalence rates between 1% and 4%, while the rest have rates below 1%. Between 1.2 million and 1.8 million people in the region are believed to be infected with the virus, although since AIDS is still relatively new to the area, the number of deaths (approximately 30,000 in 2003) is lower than other middle- and low-income regions. UNAIDS reports encouraging efforts by many Eastern European and Central Asian countries to tackle the disease. UNAIDS, Geneva. 2004.

17 The 1,430 firms that responded to the survey in Latin America came from 17 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela. All of these bar Guatemala and Honduras, where rates are between 1% and 4%, have HIV prevalence below 1%. UNAIDS reports that 1.3-1.9 million Latin Americans are living with the virus, with 49-70,000 deaths in 2003. The region's most affected countries, it adds, have begun to respond effectively to the disease in recent years, with increased national HIV/AIDS budgets and half of those who need anti-retroviral therapy receiving it. UNAIDS, Geneva. 2004.

18 The 918 firms that responded to the survey in North Africa and the Middle East came from 10 countries: Algeria, Bahrain, Cyprus, Egypt, Israel, Jordan, Morocco, Tunisia, Turkey and the United Arab Emirates. All of these bar Cyprus have HIV prevalence below 1%. The prevalence rate in Cyprus is unknown. UNAIDS believes that, although HIV prevalence is "very low" in the region, with 600,000 people already infected (and 45,000 deaths in 2003) and a so far limited response, there is potential for a "considerable rise" in infection rates.

19 The 752 firms that responded to the survey in South and South-East Asia came from 10 countries: Bangladesh, India, Indonesia, Malaysia, Pakistan, Philippines, Singapore, Sri Lanka, Thailand and Vietnam. Thailand has HIV prevalence rates between 1% and 4%, with all the rest below 1%. The epidemic has so far been largely confined to vulnerable groups such as sex workers and injecting drug users. The region's huge populations, however, mean that low prevalence rates do not mean low numbers of infections – UNAIDS estimates that between 4.6 and 8.2 million individuals are infected even though adult prevalence rates may be as low as 0.4%. With over 600,000 new infections in 2003, moreover, there is potential for dramatic growth if governments fail to respond to the problem. Between 330,000 and 590,000 people are thought to have died of the disease in 2003. UNAIDS, Geneva. 2004.

20 "Other" includes agriculture, fishing, mining and quarrying, electricity, gas and water supply, hotels and restaurants, real estate and renting, public administration and defence, education, health and social work, other community services, private household employers, extra-territorial organizations, "unclassifiable" and "missing".

21 Some caveats are in order here. Two years' data cannot demonstrate clear trends, particularly given the short time between surveys relative to the time it can take to develop policies or programmes. Additionally, some questions in the survey have been changed. Most importantly, the samples are not strictly comparable. African firms make up a slightly lower proportion of this year's sample, and there are marginally fewer firms from low-income countries and slightly more from lower middle-income and high-income countries. There are also significantly more firms from countries with 1-4% national HIV prevalence rates – they comprise 19% of the sample this year, compared to 12% last year. The proportion of firms in the 5-9% prevalence group, meanwhile, has fallen from 8% to 5%. Finally, the 15-19% prevalence group was made up of firms from Kenya and Malawi in 2003-2004. This year, those countries' infection rates have declined, leaving Zambia, whose own rates have declined from above 20%, as the only country represented in the 15-19% prevalence group. Year-on year comparisons should not therefore be seen as hard and fast indicators of concrete change, but as a guide to how opinions and policies may be evolving.

22 Last year, firms were asked a single question on the current and future impact of HIV/AIDS. This year, they were asked two separate questions (one current, one future). Figure 10 combines responses to these two questions for this year.

23 Four countries showed a double-digit increase in serious concern over the virus between 2003-04 and

2004-05. They were Indonesia (up from 13% to 28%), Poland (3% to 16%), El Salvador (8% to 19%), Guatemala (8% to 18%). 16 countries showed double-digit declines in concern. They were Vietnam (down from 74% to 18%), Mali (54% to 26%), Ghana (55% to 30%), South Africa (79% to 56%), Ethiopia (72% to 51%), Morocco (30% to 13%), Ukraine (22% to 5%), Nigeria (46% to 31%), Zimbabwe (94% to 80%), Trinidad & Tobago (48% to 35%), Jamaica (53% to 41%), China (25% to 13%), Nicaragua (23% to 11%), Kenya (63% to 52%), Tunisia (15% to 4%) and Angola (38% to 28%).

24 Last year, respondents were asked whether their estimates were based on a quantitative study including company-specific information. This year they were asked if the estimate was based on a quantitative HIV/AIDS risk assessment, and the "don't know" option was listed first among the possible responses.

25 Last year's questionnaire gave respondents the option of indicating whether their policies were approved by the board, unions or company health committees. This year's survey only gives three options: no policy, an informal policy (in that other policies include HIV/AIDS-related components) or a written HIV/AIDS-specific policy. Only written policies can therefore be compared, and these only with caution given the difference in the way the question was asked in the two surveys.

26 For background on The Global Competitiveness Report and the Executive Opinion Survey, see Appendix 2.

27 David E Bloom, Lakshmi Reddy Bloom, David Steven and Mark Weston; Business and HIV/AIDS: Who Me? World Economic Forum, Geneva. 1 December 2003.

28 As is typical for such a survey, the response rate was low and makes the data vulnerable to potential biases. However, they do correspond closely with other surveys of business executives with higher response rates.

29 http://www.weforum.org/pdf/Gcr/Executive_Summary_GCR_04

30 The Global Competitiveness Report 2004; World Economic Forum.

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